

**PNB MetLife India Insurance Company Limited**  
**Registered office:** Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117.  
 CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1,  
 Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

### Application Form

Please fill	Code	Name	Policy Type: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Channel Type: <input type="checkbox"/> Agency <input type="checkbox"/> Broker <input type="checkbox"/> BABP <input type="checkbox"/> DM <input type="checkbox"/> IMF	<b>PROPOSED INSURED</b>  Paste here (do not pin or staple) * A recent passport size photograph (not more than 6 months old)
IA/FPC/CSO/DM/ARM/ISP			Type of Cover: <input type="checkbox"/> Individual <input type="checkbox"/> Employer-Employee <input type="checkbox"/> MWP <input type="checkbox"/> HUF <input type="checkbox"/> General Partnership <input type="checkbox"/> Key Person <input type="checkbox"/> Key Partnership <input type="checkbox"/> Solution	
Specified Person			Employee Discount: <input type="checkbox"/> PNB MLI Employee <input type="checkbox"/> PNB Employee <input type="checkbox"/> J&K Bank Employee	
PNB MetLife Branch				
Relationship Branch Name of CA/Broker/Referral Company/MIA				

**IN UNIT- LINKED INSURANCE PRODUCT, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER**

Please read all the questions carefully and complete the details required truthfully in relation to your health and habits, within your knowledge as on the date of the submission of this application. The information provided by you will form the basis for issuance of the policy. Please ensure that you affix your signature in all the places as stated. In certain places more than one signature is required. This is in your own interest. All documents submitted along with this the Application form should be attested by the Proposed Insured and Proposed Holder. The Application form and all rights, obligations, and liabilities arising thereunder, shall be construed, determined, and enforced in accordance with the laws of India. Corrections or over writing, if any, must bear full signature of the Applicant.

#### A. Proposed Insured Details (To be filled in BLOCK LETTERS)

1.	Name (Mr./Mrs./Ms./Dr./Master/Other)	F I R S T M I D D L E L A S T										
2.	Father's Name (Mr./Dr.)	F I R S T M I D D L E L A S T										
3.	Spouse Name (Mr./Mrs./Dr.)	F I R S T M I D D L E L A S T										
4.	Date of Birth	5. Place of Birth (Include Country Name)										
6.	Gender	Male Female										
7.	Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National (Country Name)											
8.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed											
9.	Current Residential Address: C/o <input type="checkbox"/> D/o <input type="checkbox"/> S/o <input type="checkbox"/> W/o <input type="checkbox"/> H/o <input type="checkbox"/> Name:											
10.	Permanent Address (If different from Current Residential Address): C/o <input type="checkbox"/> D/o <input type="checkbox"/> S/o <input type="checkbox"/> W/o <input type="checkbox"/> H/o <input type="checkbox"/> Name:											
11.	Telephone	Country Code Area/STD Code Telephone /Mobile Email										
12.	PAN No.*	13. Aadhaar Number:										
14.	If you wish to backdate* your policy, please indicate date: *(Backdation can be done up to 180 days within the same financial year only). This option is not applicable for Unit-Linked Insurance Product.											
15.	Educational Qualification <input type="checkbox"/> Post Graduate and Above <input type="checkbox"/> Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> 12th Pass <input type="checkbox"/> 10th Pass <input type="checkbox"/> Below 10th Pass <input type="checkbox"/> Illiterate <input type="checkbox"/> Others (Specify)											
16.	Occupation <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Self Employed <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Others (Specify)											
17.	Occupation Details	18. Identity Proof 19. Address Proof 20. Income Proof 21. Age Proof*										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name &amp; Address of the Organization/Business</th> <th style="width: 20%;">Exact Nature of Duties</th> <th style="width: 20%;">Designation</th> <th style="width: 20%;">Years of Service/Business</th> <th style="width: 10%;">Annual Gross Income (in Rs.)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name & Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Gross Income (in Rs.)					
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22.	Purpose of Insurance <input type="checkbox"/> Planning for Child's future <input type="checkbox"/> Protection <input type="checkbox"/> Saving <input type="checkbox"/> Key person <input type="checkbox"/> Retirement <input type="checkbox"/> Gift of Life <input type="checkbox"/> Others (Specify)											
23.	Do you wish to register Email id on which you will receive communication through Email, we shall stop sending Policy related communication to you in physical form. <input type="checkbox"/> Yes <input type="checkbox"/> No											

#### B. Proposed Holder (To be filled if different from the Proposed Insured) / Nominee Details\* (To be filled if Proposed Insured and Proposed Holder are the same)

Please Tick (✓) any one	Proposed Holder	Nominee	*Please fill multiple nominee in case of more than one nominee
1.	Name (Mr./Mrs./Ms./Dr./Master/Other)		
2.	Father's Name (Mr./Dr.)		
3.	Spouse Name (Mr./Mrs./Dr.)		
4.	Date of Birth: D D M M Y Y Y Y		
5.	Place of Birth: (Include Country Name)		
6.	Gender		
7.	Marital Status		
8.	Relationship with the Proposed Insured		
9.	Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National (Country Name)		
10.	% Nominee Share** % **In case of more than one nominee, please fill respective share of nomination in multiple nominee form		
11.	Current Residential Address: <input type="checkbox"/> Residence <input type="checkbox"/> Office: C/o <input type="checkbox"/> D/o <input type="checkbox"/> S/o <input type="checkbox"/> W/o <input type="checkbox"/> H/o <input type="checkbox"/> Name:		
12.	Permanent Address (If different from Current Residential Address): C/o <input type="checkbox"/> D/o <input type="checkbox"/> S/o <input type="checkbox"/> W/o <input type="checkbox"/> H/o <input type="checkbox"/> Name:		
13.	Telephone		
	Country Code Area/STD Code Telephone /Mobile Email		

14. Aadhaar Number :

15. Educational Qualification ☐ Post Graduate and Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Others (Specify) \_\_\_\_\_

16. Occupation ☐ Service ☐ Business ☐ Self Employed ☐ Professional ☐ Student ☐ Retired ☐ Homemaker ☐ Others (Specify) \_\_\_\_\_

17. Occupation Details ☐ 18. Identity Proof \_\_\_\_\_ 19. Address Proof \_\_\_\_\_ 20. Income Proof \_\_\_\_\_ 21. Age Proof \_\_\_\_\_

Name & Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Gross Income (in Rs.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. APPOINTEE DETAILS - To be filled only if the Nominee is a minor. (The Appointee must not be the Proposed Insured)

1. Name (Mr./Mrs./Ms./Dr./Master/Other)

2. Date of Birth  3. Gender ☐ Male ☐ Female 4. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

5. Nationality: ☐ Indian ☐ Non-Resident Indian ☐ Person of Indian Origin ☐ Foreign National (Country Name) \_\_\_\_\_  
(If Non-Resident Indian or Person of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National questionnaire)

6. PAN No.  7. Signature Accepting the Appointment \_\_\_\_\_ 8. Relationship with Nominee \_\_\_\_\_

D. Details of Insurance policies & previous application forms of the proposed insured with PNB MetLife India Insurance Company and other Life insurance companies

In case the Proposed Insured is a minor/student provide the following details for the entire family. In case Proposed Insured is house wife provide the following details of husband.

Relationship with Proposed Insured (Self, family member)	Name of the Insurance Company	Policy Number	Application Number	Login Date	Type of Policy	Existing Policy SA/ Face Amount (Rs.) Base +Term Rider	Annualised Premium	Year of Issue	In force/ lapsed/in case of revival, date of revival/pending	Acceptance terms (Std./ with extra/ postponed/ declined/ withdrawn/restricted benefits)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. Medical Details & Family History of the Proposed Insured

1. Height in cms  or Ft.  Inches  Weight in Kgs  or Pounds

2. Family History	Living		Deceased	
Relation to Proposed Insured	Age	Details of present health and full particulars of any major illness (Heart diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer, Parkinson or any hereditary disease)	Age	Cause of Death
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brothers/Sisters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Medical Details

Have you ever had symptoms of, been treated for, been advised to receive treatment or have undergone any investigations for any of the following. (The below conditions are provided as examples only and would request you to disclose all disorders, disease or other health conditions, which are, or might be relevant. If answer for any of the questions in this section is "Yes" please provide all medical reports, if available.)

1. High Blood Pressure, Chest Pain, Angina, Heart Attack or any other ailment pertaining to the Heart or Circulatory System?	Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Depression, Stress, Anxiety, Attempt to Suicide or any other Psychological or Emotional Disorder or Nervous Breakdown or Mental Illness or symptoms of the same?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other Disorder of the Brain or Nervous System?	<input type="checkbox"/> <input type="checkbox"/>	13. Have you or your spouse ever been tested of or received any medical advice, counseling or treatment in connection with HIV/AIDS or Hepatitis B/C or any Sexually Transmitted Diseases?	<input type="checkbox"/> <input type="checkbox"/>
3. Tuberculosis, Asthma, Bronchitis, Avian Flu, Shortness of Breath or any other Respiratory Disorder?	<input type="checkbox"/> <input type="checkbox"/>	14. During the past five years, (a) Have you Consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough?	<input type="checkbox"/> <input type="checkbox"/>
4. Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?	<input type="checkbox"/> <input type="checkbox"/>	(b) Have you Undergone ECG, x-rays, blood test or other tests?	<input type="checkbox"/> <input type="checkbox"/>
5. Any Kidney, Liver, Bladder Disorder or Prostate Disease, Blood/Protein in Urine?	<input type="checkbox"/> <input type="checkbox"/>	(c) Have been admitted/advised to be admitted to any hospital or any other medical facility?	<input type="checkbox"/> <input type="checkbox"/>
6. Ulcers or any Stomach or Intestinal Disorder?	<input type="checkbox"/> <input type="checkbox"/>	15. In the past two years have you been involved in any motor vehicle accidents?	<input type="checkbox"/> <input type="checkbox"/>
7. Diabetes, Thyroid or any other Gland Related Disorders?	<input type="checkbox"/> <input type="checkbox"/>	16. Do you have any physical deformity/defect or any congenital condition?	<input type="checkbox"/> <input type="checkbox"/>
8. Is vision corrected by glasses, if yes, please specify the power of glasses for both eyes. Right Eye _____ Left Eye _____	<input type="checkbox"/> <input type="checkbox"/>	17. Has there been drastic weight loss or weight gain (>=5 Kgs) in the past year?	<input type="checkbox"/> <input type="checkbox"/>
9. Any Disorder related to Ear, Nose and Throat?	<input type="checkbox"/> <input type="checkbox"/>	18. Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?	<input type="checkbox"/> <input type="checkbox"/>
10. Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	<input type="checkbox"/> <input type="checkbox"/>		
11. Do you have Anaemia, Leukaemia or any other blood related disorders	<input type="checkbox"/> <input type="checkbox"/>		

**4.** Have you been or are you suffering from any other illness, injury, disease condition or have undergone medical examination not mentioned in the above questions due to which you have abstained from work for more than 7 days? If yes, please provide details of the illness and the treatment /medication taken or being taken.  
For each 'Yes' in point 3 please identify the question and provide full details, conditions, dates, duration and results. Kindly provide the full name and address of Doctor/ Hospital/ Clinic etc.

Question No.	Details

**5. For Female Proposed Insured Only** 1) Maiden Name

2) Are you Pregnant? ☐ Yes ☐ No If yes, please mention current months of pregnancy. ☐ Less than or equal to 6 months ☐ More than 6 months  
If any complications relating to pregnancy please give details.

3) Have you delivered, undergone caesarian section, had any abortion or miscarriage? ☐ Yes ☐ No If yes, please mention the period elapsed since the last occasion  
☐ In last 3 months ☐ 3 to 6 months ☐ More than 6 months

4) Have you suffered / are suffering from any disorder of the breast or reproductive organs? ☐ Yes ☐ No If yes, please provide details

**F. Life Style & Personal Details of the Proposed Insured**

**1. Life Style Information:**

1) Have you smoked or consumed tobacco or nicotine products in any form\* in the last 5 years? (\*Tobacco product includes but not limited to Cigarettes, Bidis, Cigars, chewable tobacco like Ghutka, flavored Pan masala etc.) ☐ Yes ☐ No

2) Please give the following details:

Substance Consumed	Yes	No	Consumed As	Quantity	For No. of months	If stopped consuming, state date since when you stopped
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pipe <input type="checkbox"/> Cigar <input type="checkbox"/> Cigarettes <input type="checkbox"/> Beedi	No. of sticks/day <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
	<input type="checkbox"/>	<input type="checkbox"/>	Gutkha	No. of packets/day <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	Pint / ml per week <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
Narcotics / Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Addictive Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months

3) Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc), please complete the respective Occupation Questionnaire? ☐ Yes ☐ No

4) Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services Questionnaire? ☐ Yes ☐ No

5) Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you? ☐ Yes ☐ No

6) Have you flown in the last two years or do you expect to fly in future either as a Student Pilot, Pilot, Crew Member Passenger in a Non-Commercial/ Personal / Chartered Flight? ☐ Yes ☐ No

7) If yes, please complete Aviation Questionnaire. (Please tick "No" if you are a fare-paying passenger in domestic/international airline)

8) Do you engage in Automobile or Motor-cycle Racing, Skin or Scuba Diving, Skydiving or Professional Sports? If yes, please complete respective Avocation Questionnaire. ☐ Yes ☐ No

9) Are you (PI/PO/PP) or your family member/close associate is politically exposed person (PEP\*). If yes please fill the PEP Questionnaire. ☐ Yes ☐ No

9) Is the Proposed Holder/Nominee/Premium Payer a Trust, charity, NGO or organisation receiving donations? ☐ Yes ☐ No

\* Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country, which may include Heads of State or of government, senior politicians (Members of Political parties contested in elections of Local bodies/Legislature/Parliament or Nominated), senior government (All Secretary levels), judicial or military officials (Ranks Equivalent to Major and above), senior executives of state owned corporations, important political party officials. Individuals who are or have been entrusted with a prominent function by an international organization, refers to members of senior management or individuals who have been entrusted with equivalent functions, i.e. directors, deputy directors and members of the board or equivalent functions. Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals who are closely connected to a PEP, either socially or professionally.

**G. Product Details**

**1.**

Product Name	Policy Term	Premium Payment Term	Instalment Premium Amount	Basic Sum Assured	Premium Multiple
Frequency of premium payment: <input type="checkbox"/> Single <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly Annualised Premium Amount (Rs.): <input type="text"/>					
** Preferences for Renewal Premium Payment Mode: <input type="checkbox"/> Cash^ <input type="checkbox"/> Cheque/DD^ <input type="checkbox"/> Online Payment^^ <input type="checkbox"/> Direct Debit/ECS/ACH* <input type="checkbox"/> PSP <input type="checkbox"/> PNB-Auto Debit <input type="checkbox"/> J&K Bank Auto Debit <input type="checkbox"/> KBL Auto Debit <input type="checkbox"/> Others (Specify) <input type="text"/> *Please fill in the relevant Standing Instruction Form. ^All Premium payment in cash has to be made directly at our nearest branch. Our agents are not authorized to collect the premium in cash. ^^Payment can be made through Debit/ Credit Card/ NEFT					
Rider Name	Policy Term	Premium Payment Term	Premium Amount	Sum Assured	

\*\*The premium shall be adjusted on the due date even if it has been received in advance & If premium due in one financial year is being collected in advance in earlier financial year, insurers may collect the same for a maximum period of three months in advance of the due date of the premium.

**2. (a) UNIT - LINKED**

i. Sum Assured Multiple Chosen:  ii. Please select portfolio strategy: ☐ Self Managed ☐ Auto Rebalancing Is Systematic Transfer Option Chosen: ☐ Yes ☐ No

iii. Please choose the allocation proportion:

Preserver II	Protector II	Balancer II	Multiplier II	Virtue II	Flexi Cap	Multiplier III	Liquid Fund	Total
								100%

If Auto Rebalancing Strategy is chosen, then allocation must only be in Flexi Cap and Protector II. Minimum allocation in any fund has to be 20%

iv. Choose rebalancing event (as% of Fund Value) ☐ 10% ☐ 15% ☐ 20% ☐ 25% v. Choose Stop Loss option (as% of Nav): ☐ 10% ☐ 15% ☐ 20% ☐ 25% ☐ 30%

**(b) TRADITIONAL**

(a) Incase of MetLife Monthly Income Plan-10 Pay Choose the Monthly Regular Income  (b) ☐ Lump - Sum Option ☐ Guaranteed Regular Income

(c) For MetLife Family Income Protector Plus only:

(1) Monthly Income: ☐ Rs.10,000 ☐ Rs.25,000 ☐ Rs.50,000 ☐ Rs.75,000 ☐ Rs.1,00,000

(2) Policy Term: ☐ 10 Years ☐ 15 Years ☐ 20 Years (3) Return of Premium: ☐ Yes ☐ No

(d) For MetLife Retirement Savings Plan only:

(1) Which Annuity Option\* would you like to choose:  (2) Frequency of Annuity Payout:

\*Please ask your advisor to explain your annuity options. You have the option to modify your choice in future till 90 days before the vesting date by intimating the same to PNB MetLife.

**H. Additional Information**

**1.** Details of Initial Deposit Type of Deposit ☐ Crossed Cheque^ ☐ Bank Draft^ ☐ Cash\* ☐ Online Payment\*\* ☐ PNB-Auto Debit ☐ J&K Bank Auto Debit

Instrument No.  Instrument Date :  Amount in (Rs.)  Name of the Bank & Branch :

**2.** Premiums will be paid by ☐ Proposed Insured ☐ Proposed Holder ☐ Others\* (Specify)  \* Please fill third party declaration form

If other, please provide the following details. Name  Relationship to Proposed Holder  Annual Income of the Premium Payor

**3.** Permanent Account Number (PAN):  **4.** Account type ☐ Saving ☐ Current ☐ NRE ☐ NRO

**5.** Account No.:  MICR Code :  IFSC Code :

PO bank & Branch Name :  ^Cheque/DD made payable to "PNB MetLife India Insurance Company Limited. Application/Policy no  " Details will be used for all payouts by PNB MetLife

\*Cheque subject to realization. \*\*Payment can be made through Debit/ Credit Card/ NEFT

**I. E-Repository Details**

1. I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository? ☐ Yes ☐ No
2. If yes, choose any one Insurance Repository: ☐ CAMSRep - CAMS Insurance Repository & Services ☐ NDML - NSDL Data Management Services limited ☐ KARVY  
☐ SCHIL - Stock Holding Corporation of India Limited ☐ CIRL - Central Insurance Repository Limited
3. If you already have an e-Insurance Account (e-IA) number, kindly provide

**J. Tax Status Questionnaire (To be filed by Proposed Holder)****Do you:**

1. Have an United States citizenship or resident status (resident status applies in the event of the Applicant being an entity being created, incorporated or governed by United States Laws): ☐ Yes ☐ No
2. US place of birth: ☐ Yes ☐ No
3. US telephone number: ☐ Yes ☐ No
4. US residence or correspondence address (including a US PO Box): ☐ Yes ☐ No
5. Standing instructions to transfer funds to a US account: ☐ Yes ☐ No

In the event of the any of the questions being answered as Yes, please furnish the following:

- 1.If the Applicant is subject to United States Federal Income Tax please provide the Applicant's U.S. Tax ID Number(s)\* or a W-9
- 2.If the Applicant is not subject to United States Federal Income Tax please provide a self-certification under perjury, and a Non-US passport or other valid government-issued identification evidencing citizenship in a country other than the US or such other forms or declarations as may be informed to you by the Company.

**IN CASE OF AN APPLICANT NOT CURRENTLY HAVING US INDICIA\*\*, THE APPLICANT AGREES TO INFORM THE COMPANY WITHIN THIRTY (30) DAYS OF THE APPLICANT'S KNOWLEDGE OF SUCH CHANGE IF THE APPLICANT ACQUIRES US INDICIA.**

\*If the Applicant(s) is subject to United States Federal Income Tax and fails to provide a U.S. Tax Identification Number to the Company, the Internal Revenue Service requires the Company to withhold tax from taxable income payments made to the Applicant.

\*\*US indicia (United States Indicia) is defined as any individual or entity who exhibits any of the following:

1. United States citizenship or resident status (applicable to an entity by virtue of being created, incorporated or governed by United States Laws);
2. US place of birth;
3. US telephone number;
4. US residence or correspondence address (including a US PO Box); or
5. Standing instructions to transfer funds to a US account.

**RISK PROFILE:**

In addition to the insurance coverage, the Proposed Insured/Proposed Holder has the ability to control the allocation of premium, after deduction of charges into various funds, except in case Automatic option is chosen. In order to understand more about your risk tolerance levels, the Proposed Insured/Proposed Holder can discuss with PNB MetLife sales representative and use the risk profile questionnaire to select the ideal fund option/portfolio. The final decision is up to the Proposed Insured/Proposed Holder. Declaration: Based on my investment goals, risk tolerance level and personal financial situation as discussed and explained to me, the fund option exercised by me is in accordance with my risk portfolio.

**Section 45 of the Insurance Act, 1938 :**

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
- a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

**Please refer to the Insurance Act, 1938 or our sales literature to review the complete provisions of Section 45.**

**STATUTORY WARNING as per Section 41 of the Insurance Act, 1938:**

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**DECLARATION, AGREEMENT & AUTHORISATION****DECLARATION:**

I/We have read this Application and got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I/we have also understood the terms and conditions of the plan that I/we have applied for. I/we have made complete, true and accurate disclosure of all facts to the best of my/our knowledge and belief and that I/we have not withheld any information. I/We hereby declare, on my/our behalf and on behalf of the person proposed to be insured, that the above statements, answers and/or particulars given by me/us are true and complete. In all respects to the best of my/our knowledge and that I/we am/are authorized to propose on their behalf. I/We understand that the information provided by me/us form the basis of the insurance policy and that the policy is subject to the Board approved underwriting policy of PNB MetLife India Insurance Company Limited ("PNB MetLife") and that the cover will come into force and effect only after full receipt of the premium chargeable and upon issuance of the policy. I/We further declare that I/we will notify PNB MetLife in writing of any change occurring in the occupation, financial health or general health of the Proposed Insured/Proposed Holder after the proposal has been submitted but before communication of the risk acceptance by PNB MetLife.

I/ We hereby acknowledge that pursuant to any law, in force in India or any other country, or any agreement that PNB MetLife and/ or its' affiliates/ group entities have entered into, or may enter into, with any governmental agency/ regulatory body/ organization in furtherance of any such law, PNB MetLife and/ or its' affiliates/ group entities may be required, or obligated, to furnish, transfer or disclose all and any information that PNB MetLife and/ or its' affiliates/ group entities may possess about me, and/or my affairs (including, without limitation, information provided by me under and in relation to my application for an insurance product/policy from PNB MetLife or any other information received or collected by it/ in the usual course of business) to such person or entity or authority, as is required pursuant to such laws or such agreement. I/ We hereby consent, and authorize, PNB MetLife and/ or its' affiliates/ group entities to furnish, transfer or disclose all and any information that it and/ or its' affiliates/ group entities may possess about me, and/or my affairs, in accordance with such laws or any such agreement, to such person or entity or authority, within or outside India, as is required pursuant to such laws or such agreement, without there being the need of any further consent from me.

**AGREEMENT:**

1. I/we do hereby agree that: 1. My/Our answers and/or statements provided herein and this declaration shall form the basis of policy issued by PNB MetLife.
2. Any untrue statement contained in the application shall render the policy contract as null and void and the premium/premiums paid by me shall be refunded to me within 90 days of such repudiation. In case of fraud, the policy shall be treated in accordance with Section 45 of the Insurance Act.
3. If, after submission of this Application and before issue of the policy (i) If there are any adverse circumstances connected with the general health of the Proposed Insured/Proposed Holder or (ii) If an application for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an application of revival, has been withdrawn or dropped or accepted at an increased premium or on terms other than as originally proposed or (iii) if there is any change in my/our occupation or financial position, I/we shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this Application. Any omission on my/our part to do so shall render the contract based on this Application invalid and the policy shall be cancelled immediately and the premium/premiums paid by me shall be refunded to me within 90 days of such cancellation. In case of fraud, the policy shall be treated in accordance with Section 45 of the Insurance Act.
4. The payment made along with the application is a deposit with PNB MetLife to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me/us. Unless accepted, no risk shall attach to PNB MetLife. In the event that the Application is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Application by me/us. I/we agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test.
5. I/we agree that the terms and conditions including the premium and benefits under the policy are subject to tax/duties/charges as per the applicable law.
6. In Unit-Linked Insurance Product, I/we have been explained and have understood all the applicable charges payable under the product.
7. I/We hereby declare that the money used by me/us to pay the premium under this Application has not been derived from any criminal or illegal activity or any unknown sources.





The agency management must, wherever necessary, verify and certify the following:

1. Was the Financial Advisor licensed to write personal life insurance on the date the Application was signed?

☐ Yes☐ No

2. Have you personally reviewed this Application?

☐ Yes☐ No

3. Whether you are satisfied with the identity of the Proposed Insured?

☐ Yes☐ No

4. If the total premium exceeds 30% of the annual income of the Applicant, are you satisfied that the product is sold within the financial capacity of the Applicant?

☐ Yes☐ No☐ NA

5. Is the product recommended suitable for the Applicant keeping in mind his/her age, needs, risk appetite, income, long term financial goals and long term premium paying capacity? If No, please give the reason.

☐ Yes☐ No

6. Has the Applicant been informed about the following?

(a) Charges☐ Yes☐ No

(b) Surrender charges☐ Yes☐ No

(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws.☐ Yes☐ No

(d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Insurance Product only).☐ Yes☐ No

7. Do you recommend acceptance of this Application considering all the factors, including moral hazard?

☐ Yes☐ No

Based on the review as above I am satisfied that the product is suitable to the customer and may be placed subject to other underwriting guidelines.

Name	Designation	Signature	Date	Place
			<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	

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**Standing Instruction Mandate- Direct Debit/ ECS/ PNB-Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit**

Tick the applicable payment option to pay your Initial premium and renewal insurance premium: ☐ Direct Debit ☐ ECS (Electronic Clearing Service)

☐ PNB Auto Debit-SI Including Initial Premium ☐ J&K Bank Auto Debit-Including Initial Premium ☐ KBL-Auto Debit

Mandate Reference Number (To be incorporated by Punjab National Bank / Karnataka Bank, after updating their system) \_\_\_\_\_

DC No. (To be incorporated by Jammu and Kashmir Bank, after updating their system) \_\_\_\_\_

**Mandatory Fields for all options**

Proposed Holder Name																													
Policy/Application Number											PAN (Permanent Account No.)																		
Mobile Number											Email																		
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual										Amount in "INR" as mentioned in Application form																		
Standing Instruction Start Date : ____/____/____ (DD/MM/YY)															Standing Instruction End Date : ____/____/____ (DD/MM/YY)														
(Note - Start and end date for PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit for first premium will be date of creation of mandate in bank records)																													

**Please fill the following information if the chosen Standing Instruction option is Direct Debit or ECS or PNB-Auto Debit or J&K Bank-Auto Debit or KBL-Auto Debit**

<input type="checkbox"/> Yes, I have attached a copy of cancelled bank cheque for Direct Debit/ ECS/ PNB – Auto Debit/ J&K Bank-Auto Debit/ KBL-Auto Debit																											
Bank Account Number:											BANK SOL ID * (Only for PNB Account)																
Name of the Account Holder as per bank records: (Mr./Mrs./Ms./Dr./M/s.)											Account Type (Please select one)	<input type="checkbox"/> Savings <input type="checkbox"/> Total Freedom <input type="checkbox"/> Overdraft <input type="checkbox"/> Salary <input type="checkbox"/> Cash Credit <input type="checkbox"/> Loan Account <input type="checkbox"/> Others															
Name and Address of the Bank/Branch																											
9 Digit MICR Code											Date on which Debit to be initiated (Please select one)	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>															
Direct Debit, please tick operated bank name: <input type="checkbox"/> Allahbad Bank <input type="checkbox"/> Bank of Baroda <input type="checkbox"/> Bank of India <input type="checkbox"/> Citi Bank <input type="checkbox"/> Federal Bank <input type="checkbox"/> ICICI Bank <input type="checkbox"/> IDBI Bank <input type="checkbox"/> Karnataka Bank <input type="checkbox"/> Kotak Mahindra Bank <input type="checkbox"/> State Bank of India <input type="checkbox"/> Union Bank of India <input type="checkbox"/> Jammu and Kashmir Bank <input type="checkbox"/> Punjab National Bank <input type="checkbox"/> Others _____																											

**Declaration by the Policy Owner**

I hereby declare that the particulars given above are correct and complete in all respects. I authorize PNB MetLife India Insurance Company Limited. (the "Company") and/or its authorized service provider/Bank to collect the amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s)/ policy(ies), and Rider(s) (if any), as issued by the Company. I understand and agree that premium amount to be debited from my account may vary due to change in tax structure, counter offers, revised premiums, additional insurance/ riders. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance premium directly to the Company. I will also inform the Company for any changes in my Bank Account.

\*\* Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offers, revised premiums, additional insurance/ riders.  
Please Note: Standing Instruction Debit Date will be the Premium Due date or the next banking day, if the due date is a banking holiday

**Terms and Conditions**

The Proposer/ Policy Owner confirms, understands and agrees that:

- Without prejudice to any rights of the Company/ its authorised service provider/ the Bank the Policy Owner will indemnify and hold the Company / its authorised service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorised service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
- In case the customer intends to cancel the ECS or Direct Debit mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ECS / Direct Debit mandate and the same shall be processed by PNB MetLife at no extra charges.
- The Company / its authorised service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- The Company is authorized to enable the Direct Debit/ ECS/ CC SI/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the instance of Direct Debit/ ECS/ CC/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit dishonor, to re-debit the Policy Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- The company does not levy any additional charges towards cancellation of the ECS mode/recover such additional charges from the benefits payable under the policy.
- In order to validate Auto Debit Mandate, PNB MetLife is authorized to debit customers' account with Re. 1 which would be refunded back into customer's account.
- In case debit date is not selected, debit date would be based on policy effective date. For effective date from 2<sup>nd</sup> to 7<sup>th</sup> - debit date is 7<sup>th</sup>, for 8<sup>th</sup> to 15<sup>th</sup> - debit date is 15<sup>th</sup>, for 16<sup>th</sup> to 25<sup>th</sup> - debit date is 25<sup>th</sup> and for 26<sup>th</sup> to 31<sup>st</sup> debit date is 1<sup>st</sup>. In case the debit date is a holiday, debit would be initiated for next working day.

Please tick (✓) in case of : ☐ Vernacular ☐ Illiterate If Selected Please Complete The Additional Declaration Form

**DECLARATION :** The contents of this mandate has been read over and explained to me in vernacular. I have understood the contents completely and have furnished the information and instruction contained herein out of my free will and volition, after fully understanding the contents thereof, I hereby certify the contents hereof as true and correct.

Signature OR Left Thumb Impression of the customer \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Place: \_\_\_\_\_

Name and Counter Signature of the person who have explained the contents to the customer in vernacular.....

**Authorization of Policy Owner**

This is to state that I have registered for the RBI's Electronic Clearing Service/ Direct Debit / PNB-Auto Debit/ J&K Bank Auto Debit and that my premium payment shall be made from the above mentioned Account with your bank. I hereby authorize the representative carrying this ECS/ Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit mandate form to get it verified and/or executed.

Account Holder's Signature (As in Bank Record): \_\_\_\_\_ Account Number : \_\_\_\_\_

**Certificate of the Bank Named in the Mandate (to be filled in case of Direct Debit/ ECS/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit)**

It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, is true, as per our records and that a copy of this form duly completed has been submitted to us.

Bank's Stamp : \_\_\_\_\_ Signature of the Authorized official of the Bank: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

If the chosen option is PNB-Auto Debit, please also fill the below mentioned details.

GBPA Code of signature verifying authority : \_\_\_\_\_

## ACH Form (Automated Clearing House)

Please fill the following mandatory fields – (1) Date (2) Bank a/c number (3) Bank name (4) IFSC/MICR Code (5) Amount (6) Policy No./application No in "Reference 1 column" (7) Account holder signature (8) Account holder name (9) Date on which Debit to be initiated  
Date on which Debit to be initiated (Please select one) ☐ 1<sup>st</sup> ☐ 7<sup>th</sup> ☐ 15<sup>th</sup> ☐ 25<sup>th</sup>



UMRN

T O B E F I L L E D B Y B A N K

Date DD MM YY YY

CREATE(✓)  
MODIFY(X)  
CANCEL(X)

Sponsor Bank Code

HDFC0000060

Utility Code

HDFC00799000009657

I/We hereby authorize

PNB MetLife India Insurance Company Ltd

to debit (tick✓)

SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY ☒ Mthly ☒ Qly ☒ H-Yrly ☒ Yrly ☒ As & when presented

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Reference 1

Phone No.

Reference 2

XXXXXXXXXXXXXXXXXX

Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

PERIOD

From

To

Or

☒ Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

• This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the User entity/ Corporate to debit my account.

• I have understood that I am authorized to cancel/ amend this mandate by appropriately communication the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

Note - Please do not mention anything in Reference 2 and Period (From/ To) fields.

### Terms and Conditions

The Proposer/ Proposed Owner confirms, understands and agrees that:

- Without prejudice to any rights of the Company/ its authorized service provider/ the Bank the Proposed Owner will indemnify and hold the Company / its authorized service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorized service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
- In case the customer intends to cancel the ACH mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ACH mandate and the same shall be processed by PNB MetLife at no extra charges.
- The Company / its authorized service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- The Company is authorized to enable the ACH facility for the premium payments and in the instance of ACH dishonor, to re-debit the Proposed Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- The company does not levy any additional charges towards cancellation of the ACH mode/recover such additional charges from the benefits payable under the policy.
- In case debit date is not selected, debit date would be based on policy effective date. For effective date from 2<sup>nd</sup> to 7<sup>th</sup> - debit date is 7<sup>th</sup>, for 8<sup>th</sup> to 15<sup>th</sup> - debit date is 15<sup>th</sup>, for 16<sup>th</sup> to 25<sup>th</sup> - debit date is 25<sup>th</sup> and for 26<sup>th</sup> to 31<sup>st</sup> debit date is 1<sup>st</sup>. In case the debit date is a holiday, debit would be initiated for next working day.

## Do's and Don'ts for filling an ACH Mandate

### Do's

- Always use the latest version of ACH mandate
- Use only original form of the mandate
- Signature should match with bank a/c signature
- Name should match with bank a/c name
- Account number should be correct
- Provide a cancelled cheque along with form
- Company stamp is mandatory in proprietor account

### Don'ts

- Don't use any old mandate
- Don't use Photocopy of the mandate
- Signature should not differ with bank a/c
- Name should not differ with bank a/c name
- Avoid mistakes while writing your a/c number
- Avoid cutting or overwriting on the form
- Avoid sending forms without company stamp



# ACKNOWLEDGEMENT



Application No. →

Solution No. →

**PNB MetLife India Insurance Company Limited**

**Registered office:** Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

“A/c Payee” Cheque/Draft should be drawn in favour of PNB MetLife India Insurance Company Limited only.

PI/PO Name :

Insurance Agent/ Broker/ Specified Person Name and Code :

Corporate Agent Name:

Amount (In figures) : \_\_\_\_\_ Amount (In words) : \_\_\_\_\_

Premium Payment Option: Cheque ☐ Bank Draft ☐

Cheque/Draft No. :

Bank Name :

Cheque/Draft Date :

## IMPORTANT:

1. All receipts/ Negotiable instruments are subject to realization.
2. Acceptance of Risk is subject to policy terms & conditions.
3. For Unit Linked Policies, the NAV would be allocated as per the date and time of, premium payment information being received by PNB MetLife from customer directly or through vendors. If the information is received before 3:00 PM on a business day, the same day's NAV is applicable and for other's NAV for the next business day shall be applicable.
4. Premium paid before policy due date will be allocated on policy due date.
5. Premium paid within 180 days of due date will be allocated on next business day of premium paid date.
6. Premium paid in lapsed policy after 180 days of due date, will be allocated on completion of all re-instatement requirements and reviewed by PMLI.
7. All Premium payment in cash has to be made directly at our nearest branch. Our agents are not authorized to collect the premium in cash.
8. This can be used only for collecting the initial premium and cannot be used for renewal premium collection.

Beware of spurious phone calls and fictitious/fraudulent offers

### IRDA of India clarifies to public that

1. IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
2. IRDA of India does not announce any bonus. Public receiving such phone calls to lodge a police complaint along with details of phone call and number.

Signature of Agent/ Broker/ Specified Person: \_\_\_\_\_ Seal/ stamp of the Broker/ Corporate Agent: \_\_\_\_\_ Date: \_\_\_\_\_



Version 1.2

