

## PROPOSAL FORM

The information contained in this form is for the use of

### 1. APPLICANT INFORMATION

Applicant Company Name: \_\_\_\_\_

Complete Mailing Address with Postal Code (for all correspondence): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

PAN (card number): \_\_\_\_\_

Company Registration No.: \_\_\_\_\_

Contact Person Name & Job Title with Email address: \_\_\_\_\_

Source of Funds (Tick box sources of fund question):

Salary  Business  Inheritance  Investments  Other (Please specify) \_\_\_\_\_

Mandatory document of sources of fund (Premium exceeding ₹10 Lakhs):

Annual Reports  ITR  Other (Please specify) \_\_\_\_\_

Nationality:  Indian  Non Indian  If Non-Indian, please specify Country \_\_\_\_\_

Type of Organization:  NBFC  Bank  Non Governmental Bank  Governmental Bank

**GSTIN/UIN Number of Client:** \_\_\_\_\_

**Communciation Address / Address of Regisered:** \_\_\_\_\_

**place of Business to be in line with GSTIN Provided:** \_\_\_\_\_

**State / Union Territory:** \_\_\_\_\_

### 2. SELLER INFORMATION

Seller Name: \_\_\_\_\_

Complete Mailing Address with Postal Code (for all correspondence) \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

PAN (card number): \_\_\_\_\_

GSTIN/UIN Number: \_\_\_\_\_

Company Registration No.: \_\_\_\_\_

Contact Person Name & Job Title with Email address: \_\_\_\_\_

**3. BUYER INFORMATION**

Buyer Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Is there any overdue outstanding against covered buyer Yes  No   
 If Yes, please specify \_\_\_\_\_  
 Is there any adverse information available against covered buyer Yes  No   
 If Yes, please specify \_\_\_\_\_  
**Any other relevant information related to transaction can be shared in Annexure I**

**4. BRIEF DESCRIPTION OF SELLER BUSINESS**

Type of goods covered under the invoice discounted by insured \_\_\_\_\_  
 \_\_\_\_\_

**5. CREDIT MANAGEMENT**

Who is responsible for the company's credit management? Name: \_\_\_\_\_ Position: \_\_\_\_\_

a) Are credit limits established on covered buyer? Yes  No

b) On what basis is a specific credit limit established? (financial or otherwise)  
 Status Reports Yes  No  Agency Name: \_\_\_\_\_  
 Bank Reports Yes  No   
 Audited / management accounts Yes  No   
 Trading experience Yes  No   
 Any other sources Yes  No   
 Is the buyer already an existing client of applicant Yes  No

c) How often is credit information updated? \_\_\_\_\_  
 d) How often is a credit limit reviewed and on what basis? \_\_\_\_\_  
 e) What information do you use when reviewing the credit limit? \_\_\_\_\_  
 f) How many days after due date do you normally...?

	No. of days	Who has the authority to take action?
... stop further discounting invoices		
... take collection action		
... take legal action		

Trade Credit Insurance Invoice Discounting E-Platform UIN: IRDAN108CP0002V01202223

**6. DECLARATION**

We, including any joint applicants, declare and warrant that the information given by us on this form and any attachments, is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in calculating the premium and accepting the risk.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

Code: \_\_\_\_\_

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

**AML declaration**

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I/we are not Politically Exposed Persons \* nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction - Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

**Section 64 VB of the Insurance Act 1938**

Commencement of risk cover under the policy is subject to receipt of payable premium by Tata AIG General Insurance Company Limited.

**Section 41 of Insurance Act 1938 (Prohibition of rebates)**

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out 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 punished with a fine which may extend to ten lakh rupees.

Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued to us

We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

We understand that the Company has the right to call for documents to establish sources of funds.

The insurance company has right to cancel the insurance contract in case we have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Authorised Signature of Applicant(s): \_\_\_\_\_

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

Name of Signatory: \_\_\_\_\_

Position in Company: \_\_\_\_\_

Company Stamp: \_\_\_\_\_



**To be completed by Broker / Agent**

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

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Agent Declaration:**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) \_\_\_\_\_

Name of the specified Person and code \_\_\_\_\_

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

Signature of Agent: \_\_\_\_\_

**Annexure 1**

Any additional information to be disclose here

Trade Credit Insurance Invoice Discounting E-Platform UIN: IRDAN108CP0002V01202223