

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 Registered: _____

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 <input type="checkbox"/>	No <input type="checkbox"/>	Agency Name: _____
Bank Reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Audited / management accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trading experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other sources	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the buyer already an existing client of applicant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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		

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 / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 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: _____

TRADE CREDIT INSURANCE INVOICE DISCOUNTING E-PLATFORM

UIN: IRDAN108CP0002V01202223



WITH YOU ALWAYS

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 disclosed here