

Non-Resident Indian Questionnaire

(To be filled in by the Applicant)

Name of the Life Assured:	
Application Number:	

Please give full and accurate answers to each question.

A. Personal Details:

1. Name: _____
2. Nationality: _____
3. Country of current residence: _____
4. Name of countries visited in last three years
 - _____
 - _____
 - _____
5. Date of leaving India for the first time: _____
6. Date of leaving India during the last visit: _____
7. Foreign travel details (countries other than the current one) in the last three years – frequency of visit, duration of stay during each visit, cities visited during each trip: _____
8. Intended duration to stay abroad: _____
9. Your full address while abroad: _____

10. Purpose of staying abroad: Student Gainfully Employed

B. Passport details:

1. Passport No.: _____
2. Date and place of issue: _____
3. Passport validity: _____
4. Recent entry date into India: _____

C. Resident details

1. Country of permanent residence: _____
2. Date from which you became permanent resident of country mentioned above: _____
3. Residential status for tax purpose: _____
4. Permanent Account No. under Income Tax Act, 1961 of India, if any: _____

D. Bank details

1. Do you have NRI Account: Yes No
2. Bank name and address: _____
3. Bank account no: _____
4. Type of account: NRI / NRE

E. Payment details:

Please indicate the manner in which you would wish to make the premium payment to Generali Central Life Insurance Company.

- By cheques drawn on Policy Owner's resident/Non-resident ordinary account with a bank in India in your name
- By cheques drawn on account maintained by Policy Owner's resident parent or spouse of the life to be insured in their name or joint name with other relatives.
- ECS facility through the bank

F. State the name of the person and address in India to which the policy documents to be dispatched.

I hereby declare and agree that the above particulars and answers are complete and true and this questionnaire will form part of the contract of the desired insurance on my life.

I further understand that the Policy Proceeds shall be paid only in Indian Rupees in India. Repatriation of the maturity proceeds will be as per the Exchange Control Regulations prevailing from time to time in India.

I agree to provide documents and information as may be required from time to time for compliance and statutory purposes by Generali Central Life Insurance Company

I agree that the changes in my residential status, payment details and other details will be communicated to the company immediately on change but not later than 10 days of such change.

Signature of the Life Insured

Signature of the Witness

Name of the Witness: _____

Address: _____

Place: _____ Date: _____

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured