

DECLARATION FORM FOR GROUP MICRO INSURANCE (SOCIAL SECTOR)						
Branch Location :				Date: IDIDI-IMIMI-IYIYIYIYI		
Source of Lead :	<input type="checkbox"/> Direct	<input type="checkbox"/> Broker	<input type="checkbox"/> Corporate Agent / Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Micro Insurance Agent	<input type="checkbox"/> Others (please provide details)
Name of Source of Lead	Corporate Agent / IA / Broker's Name			Code of SOL	Corporate Agent / IA / Broker's Code	
Product				COI Language	Please Specify the bilingual Language for COI	
TO BE FILLED BY THE MASTER POLICY HOLDER						
Name of the Master Policy Holder				Address of the Master Policy Holder		
Name of the Group				Relationship of MPH to Group to be covered		
Number of Members in the Group				Type of Group	NGO / SHG / Other Informal Group*	
Year in which the Group was Formed				*If other Informal - Brief Description		
Nature of Occupation of Group Members	Pls Specify the Nature			Pls Specify the Nature		Pls Specify the Nature
Geographical Location of the Group	District			State		Urban / Rural
Campaign Start Date				Campaign End Date		
Membership Forms Received	YES / NO			Is the Group Eligible for coverage under the Micro Insurance product		Yes / No
I /we hereby declare that the details provided above are true and correct. Hereby certify that the group was not formed for the purpose of Insurance and is not involved in hazardous occupation. We have ensured that the members are eligible to be covered under the scheme as per the Terms and conditions of the Policy.						
Authorised Signatory of Master Policy Holder (With Seal)	SIGNATURE			Place :-		Date :-
DECLARATION BY SBI LIFE MARKETING OFFICIAL						
Name of the Marketing officer Providing the Declaration				Designation and Code :		
I hereby confirm that the Terms and Conditions of the Micro Insurance Policy has been explained to the Master Policy Holder and the Master policy holder will be able to act as a representative of the Group and has the capacity and capability to 1) Identify the Group member 2) Maintain the books of Records /collect & archive the Membership forms 3) Pass on the information communicated by SBI Life to Group Members 4) Collect and remit the Renewal Premium 5) Deliver COI and other documents sent by SBI Life to customers and 6) Provide the membership forms & member data to SBI Life whenever called for.						
I Hereby confirm that the group to be covered under this scheme qualifies for coverage under IRDA Social Sector Business.						
Name & Designation of SBI Life Marketing Official*	SIGNATURE			Place :-		Date :-

*This declaration should be provided by the Marketing official of SBI Life not less than the cadre of M6.