

DECLARATION FORM FOR NON EMPLOYER EMPLOYEE GROUP SCHEMES						
SBI Life Branch Location :				Date: IDIDI-IMIMI-IYIYIYIYI		
Source of Lead :	Direct	Broker	Corporate Agent / Banca	Agency	Micro Insurance Agent	Others ( please provide details)
Name of the Marketing official				Designation and Code :		
Product						
Name of the Master Policy Holder (MPH)			Address of the Master Policy Holder			
Name of the Group			Phone No / e-mail ID of MPH			
Number of Members in the Group			Number of members Proposed to be covered			
Year in which the Group was Formed			Relationship of MPH to the Group to be covered			
Nature of Occupation of Group Members	Pls Specify the Nature		Type of Group		NGO / SHG / Other Informal Group	
Geographical Location of the Group	District & State		Urban / Rural			
<p>I/ We hereby declare that the details provided above are true and correct and confirm that the group was not formed for the purpose of Insurance. We hereby agree to terms and conditions of the product and agree to discharge our duties as a master policy holder / group organizer which includes maintenance of records of the insured members, collection and remittance of premium, distribution of COI to members under acknowledgement and pass on the information communicated by SBI Life to Group members.</p>						
Authorised Signatory of Master Policy Holder (With Official Seal)	SIGNATURE		Place :-			
DECLARATION OF SBI LIFE MARKETING OFFICIAL						
<p>I 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. I confirm that 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 &amp; archive the Membership forms 3) Pass on the information communicated by SBI Life to Group Members 4) Deliver COI and other documents sent by SBI Life to customers and 5) Provide the membership forms &amp; member data to SBI Life whenever called for.</p>						
Name & Designation	SIGNATURE		Place :-		Date :-	

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