

FIDELITY GUARANTEE INSURANCE POLICY (COMMERCIAL)

Proposal Form



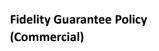


PROPOSAL FORM

(Acceptance of this proposal is subject to the rules & regulations of Magma General Insurance Limited Fidelity Guarantee Policy. The risk is not covered until the proposal is accepted and premium paid.)

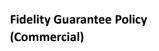
Agent/Broker Name											
Agent/Broker Code											
Agent Mobile Number	Em	ail Address									
Name of the Proposer											
Address of the Proposer											
	Oit. Otal	<u> </u>	Dia.								
	City Stat	te	Pin								
Mobile Number		ail Address									
Policy to be issued in favour of											
Financial Institution Interest (if any)	(List of all the parties who ha	<u> </u>	accord multiple inetit	utional							
Business of the Proposer		.(Allacii annexure in c	case or multiple institu	utions)							
Paid up capital											
Period of Insurance	From	To									
Whether you have insured the same				Yes/No							
coverage. (Give details)	nisk with any other misuranc	e Company with the	e same type of	165/110							
	any other Company or impo	sed any Special Co	onditions (Give	Yes/No							
details)											
Is there a system to obtain											
references from previous											
Employers at the time of											
Recruitment? If not, specify											
State the estimate of maximum amou	int held by any employee at	any given time and	I duration for the sa	ıme:							
	Money		Stock								
Amount											
Duration (No. of weeks)											
What independent system is there to	check that all sums receive	d by employees are	accounted for?								
		, , ,									
Is the division of responsibilities betw	een departments, sections a	and different emplo	yees well defined in	n respect of							
ordering of stocks and materials, the	recording of receipt of such	and authorizing pa	yment for them, so	that no one							
person handles a transaction from be	ginning to end? If yes, plea	se provide details.									
Frequency at which:											
Employees are required to account for m	oney										
The cash book is balanced, the entries checked with with counter-foils Of Receipt books	Vouchers and Bank's Pass Book and										
Wild Country Tolks Of Troodpe Dooks											
Stock books reconciled with control records											





The bank recond vouchers being		d check of receipt co	unterf	oils and										
System of opera	tion of Bank	k account and precau	tions t	aken:										
		least two Signatories d signatories and cor						Yes/No						
Are the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt?														
Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify														
Whether such payments/ withdrawals are authorized by a senior employee with supporting documents?														
Is there a system	n for handliı	ng of petty cash fund	s? If y	es, please share o	details of autho	rized per	sons	Yes/No						
Coverage Deta	ails	Entire Workforce	Sel	ected categories	of Employees	Name	d Employees or	ıly 🗆						
Staff Category		No of employees		Estimated annual Wages			Per employee Insured	and Total Sum						
Staff with direct responsibility for stock, accounts Computer opera	or													
Other Staff														
Annexure for c	overage o	n Named Employe	es Or	nly										
Name		Designation	Ins	Service since	Duties	Re	emuneration	Employee Sum Insured						
Both of the above an	nexures to be p	orovided in case cover requ	ired for	selected categories of	employees and Na	med emplo	pyees							
Premium / Claim details for the past 5 years Claim Amount Premiu														
Date of loss Circumstances														
What precaution	ons have b	een adopted to pre	vent	such recurrence	?									





Premium Payment	Det	ails:	:																								
Total Premium Amo	unt ((Incl	udin	g GS	ST) -	- INI	R_																				
Payee Name -																											
Kindly select :	Che	eque	9						DD)				_ N	IEF	Ŧ											
Cash						I	1				1											ı	_				
Cheque /DD/ PO /U	TR	No.			1																		丄				
Date	<u> </u>		<u> </u>					IF	SC	:																	
Amount in Rs.			<u> </u>																								
Bank Account No.																											
Bank Name	,																Е	Brar	nch	1							
PAN Number																											
Aadhaar Number																											
Documents to be attac	hed	as p	er re	quire	men	t for	fulf	illm	ent	of k	(YC	Nor	ms.														
GST Registered																					Ye	s/ N	10				
										(GST	IN	Nu	mbe	er												
										(GST	Sta	ate														
INTERMEDIARY DECLARA	1OIT/	N																									
Intermediary PAN nu	umb	er:																									
Intermediary Aadhaa			er:																								
I, (Fu Agent/Authorized emp contents of this Propo proposer including sta questions contained h the Company and the further explained that / including addendum non-disclosure of any by the Company as no	ployosal atem erei Pro if ar (s),	ee of Foment in or oposition affidates the following the f	rm, i (s), any er, if ntrue davits	e Bro nclu- infor deta this states, states, states,	oker/ ding mat ails s Pro teme ateme Po	Relation cougardents for the second s	ation and and ali ali s)/ii s, s	onsl atur d re her s a nfoi subi	hip esp ein cce rma mis	Off the ons will epte ation sion his	icer, es(s forred by n/res ns, f	do ues) su n the the spourn fav	he ubm e b e C nse ishe	reb is c nitte asis om (s) ed/ pu	y d ont d b s of par is/a to b	ectair by the same are same an	larened him e C for i cou furr	thatin in /he ontaintainish this	at thi trac uar ine nec s F	I has Prop	rop is F f Ins of t n thi r if t	exposa Prop sura the is Pi ther	olai I F Dos and Po Po rop e I	orreal ce bolicy cos	d a For petv y. I sal I s be	II the standard th	ne ne to en /e m a
License No./ID (Advis	or/C	Corp	orate	e Age	ent/E	3rok	er/	Rel	latio	onsl	hip (Offic	cer)														
Date: DD MM YYYY				,	Sign	atuı	re c	of th	ne l	Insu	ırand	ce A	Advi	isor	:												





DECLARATION BY INSURED

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma General Insurance Limited

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place Date Signature of Proposer

AML Guidelines

1.	I/we hereby confirm that all premiums paid / payable in future are 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.										
	Date: DD/MM/YYYY Signature of the Proposer:										
	Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*? ☐ YES ☐ NO										
	If yes, please share the details of "Politically Exposed Persons"(PEPs):										
	* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign countr including the heads of States or Governments, senior politicians, senior government or judicial military officers, senior executives of state-owned corporations and important political party officials.										



2.	Additional Information:						
	Nationality: Indian		Non-Indian	If,	Non-Indian	, please specit	fy Country:
3.	Type of Organisation:						
	(i) Corporations						
	(ii) Trust						
	(iii) Government						
	(iv) Partnership						
	(v) Non-Government Organ	isation	ıs				
	(vi) Co-operatives						
	(vii) Society						
	(viii) Private Limited Compa	ny					
	(ix) Public Limited Company	/					
	(x) others, please specify						
4.	Source of Funds:						
	Business:		Salaried:		Others	(please spec	ify)
		<u>VE</u>	RNACULAR DECL	ARATION			
to avail	y declare that I have fully exp ing the insurance from Magn	na Gei	neral Insurance Lir	nited to the	e proposer i	n the language	e understood
informa	her. The same has been ful tion provided by the propos	-	-		•		•
propose	er.						
Place:		Prop	ooser's Signature				
		Com	npany stamp				
Date:		Nam	ne:		Designation		
	M-YYYY)				J		





Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.