bharti AXA

Policy Number: ☐☐☐ – ☐☐☐☐☐☐☐

Assignment Form – Debtor Creditor

(To be used only when the Assignee has extended a loan to the
Assignor and the policy is assigned as a Collateral Security for the loan)

Policyholder (i.e. Assignor/Debtor) Contact Details

Landline No. (Residence): 0 ☐☐☐☐ – ☐☐☐☐☐☐☐☐

Landline No. (Office): 0 ☐☐☐☐ – ☐☐☐☐☐☐☐☐
STD / Phone

*Mobile No.: 0 ☐☐☐☐☐☐☐☐☐☐
(Mandatory)

Email ID: _____

Declaration

(Please read the Instructions/Notices mentioned overleaf before filling up this form)

I/We ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Name of the Assignor)   First Name   Middle Name   Last Name

have read and understood the Instructions/Notices mentioned overleaf and I/We hereby give you notice that
I/We have assigned the above Policy to:

Name of the Creditor: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
First Name   Middle Name   Last Name

Status of the Assignee: ☐ Bank/Financial Institution   ☐ Others

Address of Assignee: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
City   State   Pin Code

Photograph of Assignee

Landline No. (Residence): ☐☐☐☐☐ – ☐☐☐☐☐☐☐☐

Landline No. (Office): 0 ☐☐☐☐ – ☐☐☐☐☐☐☐☐
STD / Phone

*Mobile No.: ☐☐☐☐☐☐☐☐☐☐
(Mandatory)

Email ID: _____

Occupation: _____
(Only for Individual Assignee)

Date of Birth: D D M M Y Y Y Y
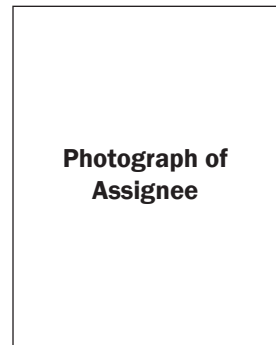(Only for Individual Assignee)

Are you a US Citizen or US tax resident ☐ Yes ☐ No

If Yes, Please provide TIN: _____

Are you a Political Exposed Person (PEP) ☐ Yes ☐ No

* PEPs are individuals who are or have been entrusted with prominent public functions, e.g. heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials and also immediate family members of the aforesaid persons which would include spouse, children, parents, siblings, spouse's parents or siblings or close associates.

Assignor

Signature of the Assignor ➜

Assignee

Signature of the Assignee ➜

Endorsement

I/We ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Name of the Assignor)   First Name   Middle Name   Last Name

as the beneficial owner/s of Policy No. ☐☐☐ - ☐☐☐☐☐☐☐ issued by Bharti AXA Life Insurance Company Limited for the

Sum Assured of ` ☐☐☐☐☐☐☐ have assigned the said Policy to the Assignee mentioned hereinbelow:

Name of the Assignee: (Please tick whichever is applicable)

Individual: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
First Name   Middle Name   Last Name

Financial Institution/Bank/
Other Entities ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Financial Institution/Bank Name/Other Entities

Type of Assignment:
(Please tick whichever is applicable)

☐ I/We have absolutely assigned the Policy to the Assignee mentioned hereinabove.

OR

☐ I/We have conditionally assigned the Policy to the Assignee mentioned hereinabove, on the condition that the Policy shall revert to me/us in the event of: _____

Consideration:

In consideration of the loan amount of ` [ ][ ][ ][ ][ ][ ] received, I [ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] son/daughter of [ ]

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] do hereby completely assign my rights and obligations under the above policy to

[ ]

Signature of the Assignor →

Signature of the Assignee →

Name of the Witness: [ ]
First Name   Middle Name   Last Name

Address of Witness: [ ] [ ][ ][ ][ ][ ][ ]
City   State   Pin Code

Signature of the Witness: _____

Date: [D][D][M][M][Y][Y][Y][Y]   Place: _____

Vernacular Declaration

DECLARATION* IN CASE THIS ASSIGNMENT FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:

Declaration by Policyholder:

I hereby declare that the contents in this form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policyholder → ☐

Declaration by person filling the form:

I have explained the contents of this form to the Policyholder in_____ language and I have correctly recorded the answer provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name: [ ]
First Name   Middle Name   Last Name

Declarant's Address: [ ]
City   State   Pin Code

[ ] [ ][ ][ ][ ][ ][ ]

Date of Birth: [D][D][M][M][Y][Y][Y][Y]

Declarant's Signature:

Date: [D][D][M][M][Y][Y][Y][Y]   Place: _____

*"The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM."

I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us.

I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes.

I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services.

Date: [D][D][M][M][Y][Y][Y][Y]   Signature of the → Assignee

Place: _____

INSTRUCTIONS / NOTICES:

1. All the information is to be filled in BLOCK LETTERS.
2. All fields are mandatory.
3. The term Assignor stands for the current Policyholder, who intends to assign the Policy, whereas the term Assignee stands for the person in whose favour the Policy is to be assigned.
4. This assignment shall not be effectual against the Company unless this Assignment Form is duly completed and delivered, accompanied by the original Policy Bond to the Company.
5. In case of assignment in favour of a financial institution/bank/other entities, the financial institution/bank should affix its stamp and should be countersigned by its authorised signatory.
6. In case of assignment to third party/(ies), other than banks/financial institutions, the Assignor should submit identification proof, residential proof and income proof of such third party.
7. The witness should be a person competent to contract.
8. Transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy.
9. The Company is entitled to charge a fee of ` 50 (for policies issued through electronic mode) & ` 100 (for other than electronic mode) for granting written acknowledgment of the receipt of notice of assignment or transfer of policy.

BEWARE OF SPURIOUS/FRAUD PHONE CALLS and FICTITIOUS/FRAUDULENT OFFERS!
IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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Declare GH Form 210 x 297 Front