

Client Confidentiality report

(Before completion of the report, the reporting official should be satisfied with the details regarding the life to be assured)

Application Number _____

1 Do you agree with the ACR by your Advisor ?

 Yes No

If No, please give details _____

2 By who were you introduced to the life / lives to be Insured / Proposer ? _____

3 Are you satisfied about the identity of the life / lives to be Insured / Proposer ?

 Yes No

4 Are you satisfied with the declared age of life / lives to be Insured / Proposer ?

 Yes No

5 Have you met the life / lives to be Insured

 Yes No

If Yes, please give details

 Physical Meeting

or

 Digital Meeting

6 What is your assessment about the general state of health of the life/ lives to be insured ? _____

7 Do the life/ lives to be insured have any physical deformity or impairment?

 Yes No

Give details: _____

8 Other Remarks _____

I hereby declare that the foregoing statements are true and correct and made a result of my detailed enquires and on verification of documentary evidence.

Name :

Designation :

Signature :

Date :

Place :
