

## Declaration of Income of Spouse (Husband) of Life Assured

(To be filled by the Proposer of the policy)

Application No.

Name of Proposer of the policy : \_\_\_\_\_

Name of Life Assured (Person being insured by the policy) : \_\_\_\_\_

### EMPLOYMENT & INCOME DETAILS:

Name of Husband of Life Assured : \_\_\_\_\_

Employment status:  Salaried  Self-employed

Name of Company : \_\_\_\_\_

Annual income (In ₹) : \_\_\_\_\_

I confirm that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Place:

Name & Signature of Proposer

Date:

\_\_\_\_\_

Kindly call our Customer Service Number 1800 2660 (toll-free)

Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

Communication Address: ICICI Prudential Life Insurance Co. Ltd., Unit 901A & 901B, 9th Floor, Prism Towers, Mindspace Link Road, Goregaon (West), Mumbai - 400104, Maharashtra. COMP/DOC/Jan/2025/161/8151