



IndusInd Nippon Life

Date of Appointment

DDMMYYEAR

To,
Name and address of CDA
Kind Attention: Mr. / Ms.

Subject:- Declaration for Non-Individual CDA

This is with reference to your application as Channel Development Associate of IndusInd Nippon Life Insurance Company Limited (INLIC).

I hereby declare that none of my....

- A. Co-Partners /Karta - under HUF
- B. In Partnership firm- No Partners/ LLP_Limited Liability Partnership
- C. Any other firm/ Company- No employees/Directors - in Company/ Any other firm

are not having any codes* in IndusInd Nippon Life Insurance and they will not apply for any codes till my Non-Individual CDA code will be active in INLIC.

Signature of the CDA

Stamp of the Non-Individual CDA

* Please note - codes mean Advisor code, CDA code, Banca code (SP/AP), Employee code or any other code related to INLIC

Version: Mktg/RKL/Application Form/Version 2.1/Jan26