



# IndusInd Nippon Life Loan Application

Policy No.

Please grant me an advance of maximum Rs.  available by way of loan against the above policy No. and I agree to pay the interest at the rate of 8.25% per annum compounded every month.

I am aware of the terms & conditions on which the loan will be advanced. I am also aware that the said terms & conditions have already been endorsed on the policy.

(a) The policy duly assigned in your favor and the receipt for the loan amounts are returned herewith duly completed OR (b) The receipt is returned herewith duly completed.

## FORM OF ASSIGNMENT FOR POLICY LOAN

I (Name of the Policyholder),  F I R S T  M I D D L E  L A S T  do hereby assign the benefits and the amount payable under the Policy Number  Date  D D M M Y Y Y Y issued by IndusInd Nippon Life Insurance Company Limited on my life, assuring a sum of Rs.  (Basic Sum Assured) to IndusInd Nippon Life Insurance Company Limited in consideration for the Policy Loan of Rs.  granted by IndusInd Nippon Life Insurance Company Limited.

Signature of the Life Assured/ Policyholder

Date  D D M M Y Y Y Y

Correspondence Address/ Usual place of residence  F L A T  N O.  B U I L D I N G  R O A D  N A M E  / N O.  L A N D M A R K  1  D I S T R I C T / T A L U K A  L A N D M A R K  2  C I T Y / V I L L A G E  S T A T E  Pin Code  PREFIX L A N D L I N E  M O B I L E  EMAIL ADDRESS

PAN Number provided ☐ No ☐ Yes PAN Number

Signature of the Witness

Name  F I R S T  M I D D L E  L A S T  Address  F L A T  N O.  B U I L D I N G  R O A D  N A M E  / N O.  L A N D M A R K  1  D I S T R I C T / T A L U K A  L A N D M A R K  2  C I T Y / V I L L A G E  S T A T E  Pin Code  PREFIX L A N D L I N E  M O B I L E  EMAIL ADDRESS

## Declaration for vernacular

I hereby declare that I have fully explained/ translated the contents mentioned in the Loan Application form to

Name of the Policyholder  F I R S T  M I D D L E  L A S T  and I further declare that he/she/they fully understood the meaning there of.

Signature of the Declarant

Residential status: ☐ Indian ☐ Non Resident Indian (NRI) Country, if NRI \_\_\_\_\_

Residence for Tax purposes in Jurisdiction(s) outside India ☐ Yes ☐ No

(If Yes, then mandatory to fill the FATCA/CRS declaration)

Policy Holder Name as per Bank Records						F	I	R	S	T													L	A	S	T			
Bank Name																						Branch							
Bank Account No																						IFSC Code							

Signature of the Life Assured/Policyholder

	Place		Date	<div style="display: flex; justify-content: space-around;"> <span>D</span><span>D</span><span>M</span><span>M</span><span>Y</span><span>Y</span><span>Y</span><span>Y</span> </div>
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<div style="display: flex; justify-content: space-around;"> <span>F</span><span>I</span><span>R</span><span>S</span><span>T</span> </div>	<div style="display: flex; justify-content: space-around;"> <span>M</span><span>I</span><span>D</span><span>D</span><span>L</span><span>E</span> </div>	<div style="display: flex; justify-content: space-around;"> <span>L</span><span>A</span><span>S</span><span>T</span> </div>	
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Rs.           
do hereby acknowledge receipt of an amount of

Rs.           
(In words)

towards Policy Loan against the Policy Number           
paid to me by Indusind Nippon life insurance company limited

If the signature is in vernacular language, please complete the following declaration

I hereby declare that I have fully explained/ translated the contents mentioned in the Declaration to

F I R S T M I D D L E L A S T

and I further declare that he/she/they fully understood the meaning there of.

Signature of the Declarant

(Declarant should not be an employee/advisor of IndusInd Nippon Life Insurance Co. Ltd)

Date D D M M Y Y Y Y

Name & Address of the Declarant

F I R S T M I D D L E L A S T

Correspondence address/Usual place of residence

F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

L A N D M A R K 1

D I S T R I C T / T A L U K A L A N D M A R K 2

C I T Y / V I L L A G E S T A T E Pin Code

PREFIX L A N D L I N E M O B I L E EMAIL ADDRESS

I hereby confirm that I have been explained the content in

(Language) and have understood the same.

Signature of the Policyholder

Date D D M M Y Y Y Y

**IndusInd Nippon Life Insurance Company Limited** (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at [www.indusindnipponlife.com](http://www.indusindnipponlife.com) 3. Email us at [customerservice@indusindnipponlife.com](mailto:customerservice@indusindnipponlife.com) 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

**Beware of Spurious Phone Calls and Fictitious/Fraudulent Offers:** IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

### Customer Acknowledgment

We acknowledge the receipt of the Loan Application Form for your IndusInd Nippon Life Insurance Policy No.

on: D D M M Y Y Y Y

Your Service Request Number is

Signature

Branch Stamp

Name of the CCE: F I R S T M I D D L E L A S T

Kindly note that you can check the status of your Service request any time at <https://customer.indusindnipponlife.com/customer/> or call our toll free number 1800-102-1010 between 8 AM to 8 PM, Monday to Saturday (except public holidays).