



Photograph of Third Party Payer

DECLARATION FOR THIRD PARTY PAYMENT

NOTE: Applicable for First Premium Deposit, Renewal Premium, Loan/Foreclosure repayment, Surrender reinstatement repayment, Short Premium (SHP), Top-Up (Cheque/ Demand Draft (with name of payer), Transfer of Funds.

Application Number / Policy Number		Receipt Number	
Payer Name <i>(Salutation, First Name, Surname)</i>		Contact Number	
Address		PAN or Form 60	
CKYC Number			

I am issuing cheque/ demand draft no. / online payment dated _____ drawn on _____ bank for an amount of _____ Rupees only), OR request to transfer _____ (Rupees only) from policy no. _____ (Source Policy), where I am the policy holder, towards premium deposit for application no/policy no. _____ for the life insurance application submitted by the proposer/ policyholder Mr./Ms./Dr. _____.

Kindly note that I am paying on behalf of the above mentioned proposer/policyholder who is my/our _____ (mention relationship).

Are you a politically exposed person or a relative of a politically exposed person?	Yes	No
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Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, for example, Heads of State or of Governments, senior politicians, senior government/ judicial/ military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives.

I hereby give consent and voluntarily submit my Aadhar number to Go Digit Life Insurance Limited to fulfill "Know Your Customer" requirements. I hereby consent to receiving information from

Central KYC Registry through SMS/email on the registered number/email address. I/we also agree that the PAN details and other KYC information provided by me/us for any servicing requests may be used by the Company to download/verify my/our KYC documents from CERSAI*

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that Go Digit Life Insurance Limited reserves the right to take appropriate action.

Signature of Third Party Payer

Declaration

I, _____ hereby confirm that Mr./Ms./Dr. _____ who is (Specify the relationship) _____ is paying on my behalf for above application /policy no. I further confirm that all the information given above is true and correct. I am aware that any refund with respect to this policy owing to freelook cancellation, withdrawal of application, postponement, cancellation, etc. will be processed to the source from which the premium was paid.

Also, in case of receipt of premium from an unacceptable third party or non-submission of proper documentation by an acceptable third party, the refund amount will be processed to the source. Payments other than those in the nature of refunds will be processed to the proposer/beneficiary, as the case may be.

Date (DD-MM-YYYY) _____

Signature of Proposer / Policyholder

IRDAI Registration number: 165, CIN: U66000PN2021PLC206995. Registered Name: Go Digit Life Insurance Limited, Registered Address: Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No.1579, Shivajinagar, Pune – 411005, Maharashtra, Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru-560095, Karnataka, Help line no.: 9960126126, Website: www.godigit.com/life

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