RELIANCE NIPPON LIFE INSURANCE

A RELIANCE CAPITAL COMPANY

# Loan Application

Policy No.

Please grant me an advance of maximum Rs. available by way of loan against the above policy and I agree to pay the interest at the rate of 9.25% per annum payable every quarter.

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), do hereby assign the benefits and the amount payable under the Policy Number Date D D M M Y Y Y Y issued by Reliance Nippon Life Insurance Company Limited on my life, assuring a sum of Rs. (Basic Sum Assured) to Reliance Nippon Life Insurance Company Limited. in consideration for the Policy Loan of Rs. granted by Reliance 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 FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Signature of the Witness

Name FIRST LAST

Address FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

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

FIRST LAST (Name of the Policyholder)

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

Signature of the Declarant

Name FIRST LAST

Address FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

CS/Loan Application/Ver1.3/Nov 2018

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)

## RECEIPT FOR THE LOAN ADVANCE

Rs. _____ Place _____ Date D D M M Y Y Y Y

I, _____ do hereby acknowledge receipt of an amount of

Rs. _____ (In words) paid to me by

Reliance Nippon life insurance company limited

towards Policy Loan against the Policy Number _____

Please affix Re. 1/Revenue stamp

**Declaration to be made if the Borrower cannot read, write or speak in English**

I hereby declare that the contents herein above have been translated and explained by me to the Borrower and I further declare that he/she/they fully understood the meaning thereof

Signature of the Declarant

Signature of the Policyholder

Name FIRST LAST

Address FIRST LAST FLAT NO.

BUILDING ROAD NAME / NO.

LANDMARK 1

DISTRICT/TALUKA LANDMARK 2

CITY/VILLAGE STATE Pincode

STD ISD Code LANDLINE MOBILE EMAIL ADDRESS

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai, Maharashtra 400710. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com or 3. Email us at: rnlife.customerservice@relianceada.com. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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CIN: U66010MH2001PLC167089

CS/Loan Application/Ver1.3/Nov 2018