

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