

NOMINEE DECLARATION



Application No.

Name of the applicant:-

Name of the nominee:-

Relation with nominee:-

Reason for nomination if other than parents, spouse and children:-

DECLARATION: 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).

Name of the applicant:-

Date:-

Signature of applicant:-

Communication Address:

ICICI Life Insurance Limited (formerly known as ICICI Prudential Life Insurance Co. Ltd.), Unit No. 901A, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai-400104. Maharashtra.