ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Registered Office: 21, Patullos Road, Chennai 600 002.
Corporate Office: "Vishranthi Melaram Towers",
2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097.
Ph: 91-44-7117 7117, 1860 258 0000 / 1860 425 0000
Email: care@royalsundaram.in Website: www.royalsundaram.in

PROPOSAL FORM
IPO Smart-Shield Insurance

UIN: IRDAN102CPLB0019V01202526

Intermediary Type Agent / Broker / Direct	
Intermediary Name	
Intermediary Code	
MO Name	
MO Employee ID	
Branch Name	

GUIDELINES FOR COMPLETION OF THE FORM

Please answer all questions in this proposal form completely and accurately on behalf of all persons to be insured. Where any question does not apply, please mention 'NA'. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

- Royal Sundaram General Insurance Co. Limited (RS) is under no obligation to accept any proposal for insurance. If RS accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.
- Please note that the insurance is not effective until the proposal is accepted by RS and premium received.
- If additional space is required to provide relevant information, whether as requested or otherwise in or along with this proposal form, please attach a separate sheet to this proposal form and return it to RS.
- If there is any change in the information provided in the proposal form or otherwise before the date on which the policy is issued, please intimate RS immediately.
- Please seek the advice of your insurance advisor or agent if you are unclear about any of the policy terms and conditions.

It is agreed and understood that information provided in this proposal form and documents submitted along with the proposal form will be the basis of any subsequent insurance policy that may be issued to you by RS. You shall provide RS with a full and frank disclosure of any and all facts that may be material to RS's decision to grant a policy or the terms upon which it should be granted. If you fail to do so, it may result in the rejection of a claim and/or the avoidance of the policy.

GENERAL INFORMATION	
Name of the proposer	
Name of the policyholder	
Address	
City / Town / Village	
State	
Pin Code	
Phone No.	
Fax Number	
E-Mail Address	
Website	
Proposed Limit of Liability	
Proposed Policy Period	
Details of any existing D&O insurance covers Insurer	
Limit of Liability	
Policy Period	

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? Yes No

If yes, please give details: .....

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Registered Office: 21, Patullos Road, Chennai 600 002.
Corporate Office: "Vishranthi Melaram Towers",
2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097.
Ph: 91-44-7117 7117, 1860 258 0000 / 1860 425 0000
Email: care@royalsundaram.in Website: www.royalsundaram.in

PROPOSAL FORM
IPO Smart-Shield Insurance
UIN: IRDAN102CPLB0019V01202526

PROFESSIONAL SERVICES	
Please provide in detail the Professional services of the Policyholder	
Year Established	
Total Number of Employees	

Details	Existing	Proposed
Type of Security		
Exchange of Listing		

Please provide the following details about the Issue
Has the Company changed auditors in the last three years? Y ☐ N ☐
Please list the percentage ownership of the selling and controlling shareholders

	Before Offering	After Offering
Selling Shareholders		
Controlling Shareholders		

LOSS INFORMATION

Please confirm that the Policyholder has undertaken a thorough enquiry and due diligence process to ensure that all material litigation is fully disclosed within the prospectus as required by the applicable listing requirements and generally accepted accounting principles
Y ☐ N ☐
Is any person proposed for cover aware of any facts or circumstances which might afford grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s)? Y ☐ N ☐
If 'Yes', please provide details: _____
It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage.

DOCUMENTS REQUIRED

Please attach the copy of final prospectus

Section 64 VB of the Insurance Act 1938
Commencement of risk cover under the policy is subject to receipt of premium by Royal Sundaram General Insurance Co. Limited.

ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Registered Office: 21, Patullos Road, Chennai 600 002.
Corporate Office: "Vishranthi Melaram Towers",
2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097.
Ph: 91-44-7117 7117, 1860 258 0000 / 1860 425 0000
Email: care@royalsundaram.in Website: www.royalsundaram.in

PROPOSAL FORM
IPO Smart-Shield Insurance

UIN: IRDAN102CPLB0019V01202526

AML Guidelines: (Premium Payment shall be made by the Policyholder of the Policy)
I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country: _____

Type of Organization:

Corporations ☐	Governments ☐	Non-Governmental Organizations ☐
Society ☐	Trust ☐	International Organization ☐
Partnership ☐	Cooperatives ☐	Section 8 Companies ☐

PAN card number (10-character number):
Sources of funds: Please tick appropriate box
Salary ☐ Business ☐ Others (please specify) _____

DPDP Act 2023 Declaration
I/We confirm that I/We have provided personal data for the purpose of securing Insurance policy/ policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the Insurance.

Declaration

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this proposal form and the accompanying documentation submitted shall form the basis of the contract proposed between me and Royal Sundaram General Insurance Co. Limited.

I / we are not Politically Exposed Persons nor are their close relative's / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Place: Date:

Designation: Signature of Authorized Signatory & Stamp
(Chairperson or Board Member or MD or CFO)

Vernacular Declaration (Certification in case the Proposer has signed in Vernacular/Thumbprint):

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).
I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness _____(Relation with the Proposer/Primary insured) adult and inhabitant of (city) _____and residing at _____do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance policy from Royal Sundaram General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured Signature/Thumb impression of the Proposer
Date: Place:

ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Registered Office: 21, Patullos Road, Chennai 600 002.
Corporate Office: "Vishranthi Melaram Towers",
2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097.
Ph: 91-44-7117 7117, 1860 258 0000 / 1860 425 0000
Email: care@royalsundaram.in Website: www.royalsundaram.in

PROPOSAL FORM
IPO Smart-Shield Insurance

UIN: IRDAN102CPLB0019V01202526

Intermediary's Declaration

I, _____ (Full name) my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.: _____ **Signature of the Agent**
Date: **Place:**
Electronic Insurance Account Details:

I would like IPO Smart-Shield Insurance E document and related information in Physical format.	YES / NO
I would like IPO Smart-Shield Insurance and related information in e-Format (electronic) as and when applicable.	YES / NO
I have E-Insurance Account and the No. is	
Choose your Insurance repository (For those selecting e-format)	NSDL Data Management CSDL Insurance Repository Limited Karvy Insurance Repository Ltd CAMS Repository Services Limited
CKYC No (Central Know Your Customer Registry Number), (if available):	
I _____, hereby grant explicit consent to Royal Sundaram General Insurance Company Limited for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Royal Sundaram General Insurance Company Limited will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.	

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities' reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.