Insurance Consent Form

CreditAccess Raksha Chakra

Non-Linked Non-Participating Group Credit Life Plan

UIN: 163N004V02

Loan account number/Application number	
Loan amount (Sum assured)	
Loan tenure & Cover tenure	
Member Name	
Member Email ID	
Member Mobile Number	
Nominee Name	
Nominee Date of Birth	
Nominee Relationship	

I declare that I am aware that I have applied for Life insurance policy provided by CreditAccess Life Insurance Limited. I understand the features of this policy and agree with the features of the policy as provided in the Key Feature Document.

I give my consent to Insurer to send communication related to my policy(s) on above mentioned Mobile / Email /By calling/ WhatsApp.

I hereby provide consent for absolute assignment of the policy to <_____MPH Name_____>. I understand that with this assignment, all rights under my insurance policy will be vested with the assignee.

I hereby provide my consent to allow the insurer to initiate split payment of the claim amount on the happening of any contingent event, to the extent of the outstanding loans, in the name of the Master Policy Holder and the remaining proceeds of the claims may accordingly be addressed in the name of the nominee. The above declaration and other details as furnished by me, are true to the best of my knowledge.

Sign of the member	
Date	
MPH Seal and signature:	
Date	

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