

Proposer Name

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone: 044 - 2828 8800

Middle Name

CIN: L66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Customer AML - KYC Addendum Form

First Name

Proposer's Recent Photograph with clear background

Last Name

Permanent Address [Same as Proof of Address]	City / Town / Village	State	·	Code
Current Address		s is same as permanent address		
	District	State	Pin	Code
Gender	☐ Male ☐ Female	Transgender		
Please attach any one proof in support of ID and Address	☐ Voter ID ☐ Driving License Exp Dt.:	Aadhar Card Passport Exp Dt.:	☐ NREGA Job Card	Any Govt. Notified Document
☐ PAN Number or ☐ Form 60 Furnished*				
Father / Spouse Name	First Name	Middle Name		Last Name
Mother Name	First Name	Middle Name		Last Name
Income Source	Salary Business	Others please specify		
Are you (Proposer) or any of the insured person is a PEP (Politically Exposed Person) or related to PEP** [If Yes, Please provide details] **Politically Exposed Persons (PEPs) are indiv	Yes No	ominent public functions in a foreign country, ex	ample, Heads of	State or of Governments, senior
politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives				

*The Pan card or Form 60 copy is mandatory

<u>Declaration:</u> I/we agree that the PAN details and other information provided by me/us in the proposal form may be used by the Company to download/verify / modify / add my/our KYC documents from the CERSAI* CKYC portal for processing this application. I/We understand that only the acceptable officially valid documents would be relied upon for processing this application. (*Central Registry of Securitization and Asset Reconstruction and security Interest of India) I hereby consent to receiving information from Central KYC Registry through SMS / email on the above registered number/email address.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In care of any of the above information found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.