



peace of mind. Guaranteed.

MetLife India Insurance Company Limited.

(Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004, www.metlife.co.in, Phone: +91-80-2643 8638 FAX: +91-80-4150 6969

Met Flexi Shield - Certificate of Insurance Decreasing Cover Option

Welcome to MetLife India Family!

We are pleased to confirm that you have been included for insurance coverage under the Met Flexi Shield Policy bearing 00000252 (hereinafter referred to as the 'Group Policy'), issued by MetLife India Insurance Company Ltd (hereinafter referred to as 'Company' or 'MetLife'). DAKSHIN DINAJPUR DIST CO-OP AG (hereinafter referred to as 'Group Policy Holder'). This coverage shall be subject to the salient terms, conditions and exceptions as outlined in this Certificate of Insurance, and detailed under the Group Policy.

Your Insurance Coverage details are as provided below;

Group Policy Holder	[REDACTED]
Group Policy Number	[REDACTED]
Application Number	[REDACTED]
Certificate Number	[REDACTED]
Loan Account Number	[REDACTED]

Name and Date of Birth of the Insured Member(s)

Name	Date of Birth	Age
1) [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Coverage Amount/Sum Assured: Is the amount equal to the Scheduled Outstanding Loan Amount on the date of occurrence of the Insured Event. The Scheduled Outstanding Loan Amount is provided in Annexure 1 to this Certificate of Insurance.

Effective Date of Coverage	[REDACTED]
Date of cessation of Cover	[REDACTED]
Premium paying frequency	[REDACTED]
Premium Amount*	[REDACTED]
Service Tax	[REDACTED]

* Premium amount includes other applicable charges

Stamp Duty Rs :3:00

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Name of the Nominee*	Relationship with the Person Insured	% of proportion of benefit

Appointee Name

1.		3.	
2.		4.	

This certificate is issued based on the contract of insurance between MetLife and DAKSHIN DINAJPUR DIST CO-OP AG and not between DAKSHIN DINAJPUR DIST CO-OP AG and Insured members. This is a computer generated certificate and does not require a physical signature and should be read together with the terms and conditions printed in this certificate.

Salient Features of this Group Policy

1. Extent of cover

For a loan covered under this Group Policy, the extent of cover is restricted to the Scheduled Outstanding Loan Amount as shown under the Coverage Amount section of this Certificate of Insurance.

2. Increase in Coverage

If an existing Insured Member requests for an increase in Coverage Amount on account of enhancing the existing loan amount and/or taking a fresh loan, the commencement of any such increased Coverage Amount shall be subject to the terms and conditions as described under the Group Policy. Any such increase shall be subject to the minimum Sum Assured (per member) of this Group Policy, which is currently Rupees Five Thousand. However, on the Company's acceptance of the increase in Coverage Amount and subject to payment of premiums prevailing at that point in time, the Company shall issue a fresh Certificate of Insurance, for the portion of enhanced coverage.

3. Loan Foreclosure & Surrender Benefits

If an Insured Member chooses to foreclose the loan covered under this Group Policy or in the event of the Group Policy Holder cancelling the Group Policy under circumstances such as winding up or any other form of corporate restructuring, the coverage available for such Insured Member under this Group Policy shall cease and a surrender value will be paid. The surrender value payable is equivalent to a pre-determined percentage of the un-expired premium which is determined as follows:

For Single Pay

$$\text{Surrender Value} = (t / n) * \text{Amount of Single Premium} * k$$

Where;

t = balance number of years of policy term as at the date of surrender (rounded off to the lowest integer).

n = Total coverage Term.

k = 60% if (a) n <= 5 years Or (b) t is greater than 1/3 of the original term n, Otherwise, k = 30%

4. Part Prepayment of Loan

If an Insured Member makes a part prepayment towards the Outstanding Loan Amount covered under this Group Policy, the Group Policy Holder's Insurable Interest shall stand reduced to the extent of the amount prepaid. However, the Sum Assured payable on the death of such Insured Member, subject to the completion of the Company's claim assessment process and admission of the Claim as valid, shall continue to be as per the Schedule Outstanding Loan Amount provided in the Certificate of Insurance to the concerned Insured Member.

In case of death of an Insured Member who had made part prepayment towards the outstanding loan amount, the Company shall, subject to the completion of its claim assessment process and admission of the claim as valid, make the payment to the Group Policy Holder. On receipt of the Coverage Amount, the Group Policy Holder shall give a full and final discharge to the Company with respect to the claim concerned and shall also undertake to remit any amount in excess of its own Insurable Interest, with respect to the deceased Insured Member covered under this Policy, to the nominee/ legal heir of the deceased Insured Member

5. Payment of Premium

This is a single premium policy and there is no need to pay future premiums to continue this coverage.



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6. Termination of Cover:

As against the Group Policyholder, upon:-

- a. Cancellation of this Group Policy either due to circumstances such as winding up or any other form of corporate restructuring which results in the group policy holder ceasing to exist after such restructuring by giving a minimum of 30 days written notice to the other party. In the event of a cancellation of the Group Policy on account of the reasons set out above, a surrender benefit, equal to a pre-determined percentage of the un-expired premium shall be payable to the Insured Member.
- b. Upon foreclosure of all the outstanding loans covered under this Group Policy.

As against the Insured Member upon:-

- a. Death of the Insured Member; or
- b. The earlier of the Date the Insured Member attains age 70 years last birthday and the date the full Outstanding Loan Amount is scheduled to be repaid, i.e. the Date of Cessation of Cover as mentioned in the Certificate of Insurance issued to the concerned Insured Member.
- c. The date the Insured Member ceases to be an Eligible Member of the Group Policy Holder.
- d. The day the Insured Member completes payment of his/her Installment Credit Agreement or forecloses the same

7. Free Look Provision

Members of the group have a period of 15 days from the date of receipt of the Certificate of Insurance to review the terms and conditions of this Insurance Coverage. If the members have any objections to any of the terms and conditions, then he has the option to return the Certificate of Insurance stating the reasons for the objections and the company shall be entitled to a refund of the premium paid subject to only a deduction of stamp duty charges and expenses towards medical examination. All rights of the member under this Policy shall immediately stand extinguished at the cancellation of the Certificate of Insurance.

Exclusions:

- a. If an Insured Member commits suicide, whether sane or not at the time, within one year from the Effective Date of Coverage as stated in the Schedule, then the liability of the Company shall be limited to a refund of the Premium(s) received, without interest, less any expenses (Stamp Duty and cost of medical examination of the insured) incurred by the Company.
- b. Waiting period of 90 days will apply for all loans from the Effective Date of Coverage. During this period the Company shall not pay any benefits on death due to causes other than accident.

8. Claim Notification:

On Occurrence of the insured event (i.e. Death of the Insured Member), the legal heir/ nominee of the deceased Insured Member should intimate the same to the Group Policy Holder immediately.

Intimation may also be sent to

MetLife India Insurance Company Limited

Registered Office: 'Brigade Seshamahal',
5-Vani Vilas Road,
Basavanagudi,
Bangalore - 560 004.

The Certificate of Insurance should be submitted to the company along with other claim documents for processing the claim. The primary documents required by us to process the claim include:

- Claimant Statement prescribed by the Company.
- Original Certificate of Insurance issued to the deceased Insured Member
- Certified copy of the official death certificate issued by a competent authority acceptable to the Company
- {GROUP_POLICY_HOLDER} certifying that the Insured Member was a Member of the group at the time of the Insured Event.
- Last attending physician's certificate, in the format provided by the Company, if the Insured Event is due to natural cause.
- Photo ID and Age proof of Insured and nominee
- Police inquest report, and post mortem report if the Insured Event is due to an unnatural cause.
- Any additional document(s) as required by the Company



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Processing of claim:

A claim under Group Policy shall be paid or repudiated giving all the relevant reasons, within 30 days from the date of receipt of all required documents and clarifications for the purpose of settlement of the claim.

However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, which shall be done in no case later than 6 months from the date of receipt of primary documents

Payment of claim:

On receipt of the death benefit amount, the Group Policy Holder shall give a full and final discharge to the Company with respect to the claim concerned and shall be responsible to remit any amount in excess of the deceased Insured Member's outstanding, covered under this Policy, to the nominee/legal heir of the deceased Insured Member.



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Met Flexi Shield - Certificate of Insurance
Decreasing Cover Option

Months	Amount
1	15,000.00
2	14,813.29
3	14,624.82
4	14,434.55
5	14,242.48
6	14,048.59
7	13,852.86
8	13,655.27
9	13,455.81
10	13,254.45
11	13,051.19
12	12,845.99
13	12,638.85
14	12,429.74
15	12,218.65
16	12,005.55
17	11,790.44
18	11,573.28
19	11,354.06
20	11,132.76
21	10,909.36
22	10,683.84
23	10,456.18
24	10,226.37
25	9,994.37
26	9,760.16
27	9,523.74
28	9,285.07
29	9,044.14
30	8,800.93
31	8,555.40
32	8,307.55
33	8,057.34
34	7,804.76
35	7,549.78
36	7,292.38
37	7,032.54
38	6,770.24
39	6,505.45
40	6,238.14
41	5,968.30
42	5,695.89
43	5,420.90
44	5,143.31
45	4,863.07
46	4,580.18
47	4,294.61
48	4,006.32
49	3,715.30



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Met Flexi Shield - Certificate of Insurance

Decreasing Cover Option

50	3,421.52
51	3,124.95
52	2,825.57
53	2,523.35
54	2,218.25
55	1,910.27
56	1,599.36
57	1,285.50
58	968.66
59	648.82
60	325.94

00000252

MetLife

Member Application No.: 561426853

BRANCH - SILIGURI

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MetLife India Insurance Company Limited

Registered Office: 'Brigade Seshadri', 5 Vani Vilas Road, Dasavanagudi, Bangalore-560004

Application Form - Met Flexi Shield

- Instructions
1. Read the Application carefully before you fill in the details
 2. You are requested to provide COMPLETE and TRUTHFUL information regarding your health and habits, within your knowledge
 3. The information provided by you will be the basis for issue of the policy. Please fill in black. Please in appropriate boxes provided
 4. All documents submitted along with the Application
 5. The application will be construed, determined and enforced in accordance with the policy terms and conditions, if any, must bear the full signature of the applicant.

Primary Life Application Joint Life Application Tertiary Life Application No. _____
 (In case of Joint Life Application, two separate applications need to be filled)

1. Identity of Applicant

1.1 Full Name (Mr/Mrs/Ms/Dr) _____
 1.2 Date of Birth _____
 1.4 Nationality: Resident Indian Non Resident Indian/Person of Indian Origin Foreign National
 Country of Residence (If NRI/PIO/Foreign National) _____
 1.5 Mailing Address _____
 Phone Number _____

1.6 Occupation _____
 1.7 Occupational Category: Self-employed Business Employee Retired Homemaker Other _____
 Annual Gross Income (In Rs.) _____

2.1 Name of the Proposer _____
 2.2 Nature of Firm/Company/Association: Private Limited Partnership Financial Institution Others (Please Specify) _____

2.3 Address (Residence/Office/Principal Office) _____

3.1 Type of Coverage: Term Endowment Money Back ULIP Other _____
 3.2 Policy Term: 10 years 15 years 20 years Other _____
 3.3 Premium Paying Term: _____
 3.4 Rate of Interest: _____
 3.9 Premium Payment Frequency: Annual Quarterly Monthly

SECTION BELOW

Self Financed Premium/ Group Financed Premium	Total Premium
_____	_____

4. Additional Information

4.1 Details of Initial Deposit (If the Premium is Self Financed) Type of Deposit: Crossed Cheque Bank Draft Cash Credit Card
 Instrument No. _____ Instrument Date _____ Amount (In Rs.) _____

4.2 Preference for Renewal Premium Payment Mode: Cash/Cheque/DD Credit Card ECS* Others _____
 (* Please fill in the relevant Standing Instruction Form)

4.3 Is the Applicant already covered under Met Flexi Shield Plan? Yes No
 If Yes, please provide Policy Number: _____

4.4 Nominee Details: (To be filled by the Applicant if Premium is Self Financed) (Nominee under Sec 39 of Insurance Act, 1938.)

If Nominee is a Minor				
Full Name (BLOCK LETTERS ONLY)	Relationship With Applicant	Date of Birth of Minor	Appointee's name and relationship with the Nominee (The Appointee must not be the Primary/Joint Life Applicant)	Address (if different)
_____	_____	_____	_____	_____

4.5.a) Signature of the Appointee _____

Dityabrata Roy

Suryate Roy

5. Health & Lifestyle Particulars

5.1 Height 5 cms or 5 ft 7 inches. Weight 75 kgs.

5.2 Family History		Living	Deceased	
Relation To Proposed Insured	Age	Details of present health and full particulars of any major illness (Diabetes, Cancer, Stroke, Heart and Kidney related problems), including age at onset of illness	Age	Cause of Death
Father				
Mother				
Brothers/Sisters				
Spouse				
Children				

5.3 Medical Details

Have you ever had symptoms of, been treated for, been advised to receive treatment or have any investigations for any of the following. (The below conditions provided are not exhaustive therefore we would request you to disclose all disorders, disease, disturbances or other conditions, which required any surgery, treatment, consultation or hospitalisation during the past 5 years or any weight loss > 5 kgs in the past one year. If answer for any of the questions in this section is "Yes" please provide all medical reports, if available)

5.3.1	High Blood Pressure, Diabetes, paralysis, any type of cancer, Chest Pain, or any other form of Heart Disease or any disorders of kidneys, liver, lungs, blood or brain or nervous system or you or your Spouse ever been tested for or received any Medical advice, Counselling or treatment in connection with HIV, AIDS, or Hepatitis B/C or any Sexually Transmitted Diseases?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5.3.2	Tumors, Anaemia, Leukaemia, or any other Blood Related Disorders or psychiatric disorders, anxiety, depression, or disorders of thyroid or any other gland?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5.3.3	Any Respiratory Disorder like Tuberculosis, Chronic asthma/ bronchitis, shortness of breath or Disorders of Stomach or Intestinal or digestive system?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5.3.4	Any Spinal Disorder or Diseases of Bones, Joints, Arthritis including Rheumatic Diseases?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5.3.5	Do you have any Physical Disability or Deformity or any disorders related to Ear, Nose and Throat or organ transplantation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

5.4 For Female Applicant only:

5.4.1	Maiden Name of the Applicant:	
5.4.2	Are you pregnant? If yes, please mention current months of pregnancy. Less than or equal to 6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> If any complications relating to pregnancy please give details.	
5.4.3	Have you Ever Undergone any abortion or Miscarriage or suffered from any diseases of Breast, Uterus, Ovaries or any other Gynaecological Disorders?	

5.5 Life Style & Personal Details of the Applicant

5.5.1	Do you smoke cigarettes or bidies more than 8 in a day?	
5.5.2	Do you chew tobacco more than 5 pouches (20 gms) in a day?	
5.5.3	Do you consume alcohol > 300 ml or beer > 750 ml per week?	
5.5.4	Do you consume Narcotic substances or Addictive drugs?	
5.5.5	Has a proposal for life insurance on your life, ever been declined, postponed, withdrawn or accepted at extra premium? If Yes, Please Provide Details?	

5.6 Note: If any of the questions below is answered YES, then the respective Questionnaires to be filled.

5.6.1	Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc), or Are you employed in Armed, Para Military or Police Force, do you fly aircrafts (commercial, cargo, civil chartered or any type) If yes, please complete the respective Occupation Questionnaire and tick whichever completed. Armed Services <input type="checkbox"/> Aviation <input type="checkbox"/> Mining <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.6.2	Do you engage in Automobile or Motor-cycle Racing, Skiing or Scuba Diving, Skydiving or Professional Sports? If yes, please complete respective Avocation Questionnaire. Any other please specify _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For each "Yes" answer in Section 5.3 please identify the question and give full details, conditions, dates, duration and results. Give full names and addresses of Doctor/Hospital/clinic etc.

Q No.	Details

INCONTESTABILITY

Section 45 of the Insurance Act, 1938:
No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.
Section 41 of the Insurance Act, 1938: (1) "No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer." (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees

6. Declaration, Agreement and Authorisation

6.1 DECLARATION

I have read this application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I have also understood the terms and conditions of the policy and accurate disclosure of all facts to the best of my knowledge and belief and that I have not withheld any information.

6.2 AGREEMENT

- I hereby agree that:
- I/We have read this /got read/ been explained the contents of this Application and have furnished the information contained herein, after fully understanding the contents thereof, and also after understanding the terms and conditions of the plan that I have applied for. I have made complete true and accurate disclosure of all facts to the best of my knowledge and belief and that I have not withheld any information. If any untrue statement be contained in this Application, coverage shall stand cancelled from its inception and all the moneys, which have been paid in respect thereof, shall stand forfeited to the insurer. I agree and accept that commencement of risk will not take effect until a Certificate of Insurance is issued by MetLife India Insurance Company Limited (MetLife).
 - For purposes of understanding this Application and deciding the bonafides of the claim arising in pursuance of this contract, I permit and authorize, to the extent not prohibited by applicable law, any medical practitioner or facility, hospital/clinic, medical laboratory/bureau, employer/ any other insurer, any institution, association, investigative agency or person/s to divulge all such knowledge and information as MetLife may require for their use.
 - I further authorize MetLife to use and disclose any personal information collected or available with MetLife (whether contained in this application or obtained otherwise) to individuals/organisations/entities associated or affiliated or engaged by/with it (within or outside India, including reinsurers and claim investigative companies and agencies, and industry associations/federations) for the purpose of processing this application and providing subsequent services including for processing the claims arising out of the insurance contract.
 - After submission of this application and before issue of this policy, if (1) there are any adverse circumstances connected with the general health of myself, or (2) An application for insurance on my life made to any other insurance company or an application for revival has been withdrawn or dropped or accepted at an increased premium or (3) There is any change in my occupation or financial position, I shall forthwith intimate the same to MetLife in writing to reconsider the terms of acceptance of this application. Any omission on my part to do so shall render the contract based on this application invalid and all moneys which have been paid in respect of the contract shall stand forfeited to MetLife.

6.3 AUTHORISATION

I hereby irrevocably authorise any organisation, institution, or individual, that has any record or knowledge of my health and medical condition or any treatment or advice that has been given or may hereafter be provided or other personal information, to disclose to MetLife, such information. This authorisation shall bind my successors and assigns and remain valid notwithstanding my death or incapacity, in so far as legally possible. A photocopy of this authorisation shall be valid as the original.

Signature of the Applicant / Left thumb impression of the Applicant (Primary Applicant/Joint Life Applicant) _____ X
 Name _____
 Address _____
 Signature of the Witness _____
 Address _____

6.4 Declaration in case the form is filled up/ signed in a language different from that of the application form.
 I hereby declare that I have fully explained the contents of the Application and all other documents incidental to availing the insurance from MetLife India Insurance Co. Ltd. in _____ language, to the applicant and I have truthfully recorded the answers given by the applicant.

Declarant's Name & Address: _____ X
 Signature of Declarant _____ Date: _____

6.5 In case the Applicant is illiterate, a person of standing, unconnected with MetLife, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Applicant.
 I hereby declare that I have explained the contents of this Application in _____ language to the Applicant. The same have been fully understood by him/her and replies have been recorded as per the information provided by the Applicant and the answers have been read out to and fully understood by and confirmed by the Applicant. The Applicant has affixed his/her left thumb impression in my presence.

Declarant's Name & Address: _____ X
 Signature of Declarant _____ Left Thumb Impression of Applicant (Primary Life Applicant/Joint Life Applicant) _____ X
 Date: _____

7. Group Policy Holder Section (To be filled by Authorised person of the Group).

7.1 Name of the Group	_____
7.2 Transaction ID	_____

7.3 Declaration by the Group
 We have verified the age and the income details provided by the applicant(s) herein against records available with us which are: Age Proof - School Certificate/ Passport/ Birth Certificate/ Driving License and Income Proof - Form 16/ Income Tax returns/ Latest Pay Slip/ Appointment letter.
 All necessary information as required by MetLife India Insurance Company Limited ("MetLife") is collected and presented herewith _____

* Only Standard age proofs accepted.
 For Joint Life applicants, This is to certify that each of the borrowers have separate sources of income (at least one of the borrowers, in case of Education Loans), on the basis of which the loan has been approved and individually each borrower shares at least 20% of the aforesaid loan.

7.4 I/We the authorized representative of the group hereby declare that the statements made herein and answers have been given by me/us after fully understanding questions and the importance of disclosing all material information while answering such questions. I/we declare that answers given in the proposal form are true and complete in every respect. I/we agree that if any statement made by me/us is untrue, MetLife shall have the right to cancel the policy, if issued and forfeit any payments received. I/We hereby declare that any personal information collected or held by MetLife (whether contained in this proposal or otherwise obtained) is provided and may be held, used and disclosed by MetLife to individuals/ organisation associated with MetLife or any other third party (within or outside of India, including reinsurers and claims investigation companies and industry associations/federations) for the purpose of processing this proposal and providing subsequent services and to communicate with proposer for subsequent services.

7.5 Date of Direct Credit to MetLife Insurance Account (CA/DD/Cheque/PO): _____ (dd/mm/yyyy) **7.6 Date of Disbursement of Loan (For Fresh Loans only):** _____ (dd/mm/yyyy)

7.7 Authorised Signatory of the Group:
 Signature: _____
 Name: _____
 Designation: _____
 Signature of Witness: _____
 Name: _____
 Address: _____

Please affix Company Seal