

**Kshema Sukriti**  
UIN No. IRDAN162RP0002V02202324

**Proposal Form**

Email ID: customer.support@kshema.co			Website: www.kshema.co		
<b>Distribution Details:</b>					
Channel Name:		Direct/ Agent/ Broker/Bank		Channel Code	
<b>Proposer Details</b>					
Proposer's Name: Mr./Mrs./Ms.					
Address:			Contact No:		
<b>Insured details:</b>					
Insured's Name: Mr./Mrs./Ms.					
Address			Aadhar Number		Contact No
Owner / Tenant		In the case of Tenant (Provide Owner Name)			
<b>Nominee Details:</b>					
Name of the Nominee		Relation		Age: *(In case of Minor provide guardian Details)	Guardian Details
<b>Subject Matter Details:</b>					
Name of the Crop		Crop Duration	Date of Sowing	Insured Acreage	
Is the insured farm/property geotagged? Yes / No			Survey No. of the proposed farm with acreage:		
Crop Season		Kharif /Rabi / Summer		Survey Number	Acreage
Documents attached: (Photocopies)					
Pattadhar passbook / Aadhar Card / PAN Card / Passport Photo / Bank Passbook / Sowing Certificate /Any other specify.					
Premium Payment Mode: Please tick the mode of payment:			Details of the payment: Transaction No.:		Date of payment:
UPI/Net Banking/Paytm/Debit Card /Credit Card					
<b>Insurance Period</b>					

<b>Insurance History:</b>			
Previous Insurance Details:	Any reasons for Decline/Rejection/Loading:	Claims Status:	
Name of Banker/financer		Address of Financier:	
<b>Declaration:</b>			
I hereby declare that the provisions of the scheme have been read and understood by/explained to me in detail before completing the Proposal Form. I hereby further declare that the particulars furnished above are true and correct. I have sown/intend to sow the crop mentioned in this Proposal Form. Further, I undertake to inform the insurance company if there is a change in crop and if there is any difference in premium which becomes payable, I agree to pay the same. I have not submitted any other crop insurance proposal covering the above-mentioned crop grown in the above-mentioned Polygon ID during the period mentioned in the above proposal under any other Scheme either through Directly or PACS or Insurance intermediary or any other Bank branch or any other Scheme or with any other Insurance Company.			
Signature/ Thump Impression	Date:	Place:	
<b>Office Purpose Only</b>			
Name:	Designation:	Employee ID	Location:
Verification Date:	Signature of Officer:		

**NOTE: This Proposal Form is not proof of insurance unless the premium is realized by us & Policy is issued.**

**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

The following is the copy of 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 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 3 [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
  
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.