





Holistic Health Tech Private limited

**3. Member, Premium Payment, and Date of Commencement Details**

Number of Members (should tally with the number of members as per the latest updated data supplied to the Company with this form)\_\_\_\_\_

Instrument details: Cheque/DD No/ NEFT \_\_\_\_\_

Amount\_\_\_\_\_ Date 

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| m | m |
|---|---|

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|---|---|---|---|
| y | y | y | y |
|---|---|---|---|

Drawee Bank \_\_\_\_\_ Bank

Date of Commencement 

|   |   |
|---|---|
| d | d |
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|   |   |
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| m | m |
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|   |   |   |   |
|---|---|---|---|
| y | y | y | y |
|---|---|---|---|

**4. Age group of members**

| Age group | No of members | New members | Expected drop out numbers | Total numbers |
|-----------|---------------|-------------|---------------------------|---------------|
|           |               |             |                           |               |
|           |               |             |                           |               |
|           |               |             |                           |               |
|           |               |             |                           |               |

**5. Details of Authorized Officials/Signatory of the Customer**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

**6. Details of Authorized Officials/Signatory of the Customer**

I/we confirm having obtained consent of all/majority of the members listed and provided with this application form as well as all approvals as per our relevant internal guidelines/rules/statutory. The benefits, the basis on which the proposed scheme will operate and the terms and conditions thereof, have been explained to me/us and I/we have fully understood and agree to abide by them. I/We further understand and agree that the cover under the subscription shall only commence upon receipt of all necessary clarifications/documentations or other requirements and receipt of the prescribed subscription amounts by the company. I/We further confirm that I/We are duly authorized to sign the application form, furnish any particulars and do all actions in connection with or incidental to this application form and the proposed subscription that may be issued, and that each member enrolled in the scheme shall meet the eligibility criteria as prescribed. We undertake to make available to the company and or its representatives such records, documents etc. related as may be required in relation to this application form as and when

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requested for and that the company may share this information with such third parties as it may deem necessary in relation to processing this application form and the proposed policy. I/We understand and agree that the wellness product to be provided by the company pursuant to this application form shall be governed by the policy contract to be issued by the company. I/We further declare that all statements/submissions made by me/us in this application form [including any addendum (s) or documents whether in writing or orally] are true and correct and that the company shall not be liable in any manner whatsoever for relying upon this confirmation and issuing a policy in our favour in the event the information is false or incorrect.

**Fraud and Misrepresentation:** Fraud and misrepresentation shall be dealt with in accordance with the relevant laws, as amended from time to time.

**7. Authorised signatory of the Customer & Witness**

Authorised Signatory of the Master Policyholder with Company stamp and Witness

|            |                                     |
|------------|-------------------------------------|
| Witness 1. | Signature:<br><br>Name:<br>Address: |
| Witness 2. |                                     |

Signed at  on  d  /  m  /  y  y  y

**8. Obligations and important information:**

HolisticHealth Tech is a wellness company. It also acts as a Master policy holder for various insurance products sourced from various insurance companies. These insurance products are provided exclusively for customers of the wellness program of HolisticHealth Tech Private Limited. The features, terms and conditions of issuance of the insurance policies rests with the respective insurance company.

Note:

It is essential that you answer fully and accurately all of the questions contained in this application form, and that you provide us with any and all additional information relevant to the lives to be insured for our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your subscription. If you are in any doubt about the information to be given, please seek the advice and guidance of our representative. If there is insufficient space in this application form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet hereto and return it to us.

Please attach the following:

- Board Resolution or Power of Attorney, evidencing authorization in favor of the person signing the proposal form.
- Mandate letter
- Certificate of Incorporation
- MOA and AOA of the company
- Cancelled cheque
- Permanent Account Number
- GST certificate

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**Annexure 1**

| Product Segment – Wellness |             |
|----------------------------|-------------|
| Plan 1                     | MICARE      |
| Plan 2                     | Health BYTE |

| Product Segment – Loan protection |     |
|-----------------------------------|-----|
| Plan 1                            | GTL |

| Product Segment – Personal Accident |      |
|-------------------------------------|------|
| Plan 1                              | PA30 |
| Plan 2                              | PA34 |
| Plan 3                              | PA38 |

| Product Segment – HDC |   |
|-----------------------|---|
| Plan 1                | 1A - 500/1000/2000/3000/4000/5000 cash per day    |
| Plan 2                | 2A - 500/1000/2000/3000/4000/5000 cash per day    |
| Plan 3                | 1A+1C - 500/1000/2000/3000/4000/5000 cash per day |
| Plan 4                | 1A+2C - 500/1000/2000/3000/4000/5000 cash per day |
| Plan 5                | 2A+1C - 500/1000/2000/3000/4000/5000 cash per day |
| Plan 6                | 2A+2C - 500/1000/2000/3000/4000/5000 cash per day |