ANNEXURE A		
Details of the Insurer		
SL. No.	Description of Details Required	Applicant's Response to the details required
1	**Respondent's details**	
1.a)	Name of Insurance Company	
	Country and date of incorporation	
	Registered Office	
1.b)	Primary Contact Person	
	Address for Contact	
	Phone/ Fax	
	Email	
1.c)	Secondary Contact Person	
	Address for Contact	
	Phone/ Fax	
	Email	
1.d)	Ownership Structure	
1 e)	Escalation Matrix	
2	Details of any pending litigation against the firm	
3	Does your company have any actual or potential conflict of interest related to engaging with SBI Life.	Yes/No
	If Yes, Provide details.	
Company Seal		**Authorised Signatory**