

Relationship with Policyholder (Please tick): Spouse Parent Sibling Child
 Grandparents Employer for Employee Company for a Director Individual
 HUF Partnership Trust

Director's / Partner / Trustee / Karta / Father's / Spouse's Name _____

PAN

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Declaration to be made by a third person where:

The life assured has signed in vernacular / has not filled the application. I hereby declare that I have explained the contents of this application form to the life to be assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed in my presence.

Declarant Name: _____

Signature _____ Date: _____ Place: _____

PTD	**Preferred Billing Dates for the Policy- (PBD within 10 days from PTD)							
	1	4	8	12	16	20	24	28
1		✓	✓					
2		✓	✓	✓				
3		✓	✓	✓				
4			✓	✓				
5			✓	✓				
6			✓	✓	✓			
7			✓	✓	✓			
8				✓	✓			
9				✓	✓			
10				✓	✓	✓		
11				✓	✓	✓		
12					✓	✓		
13					✓	✓		
14					✓	✓	✓	
15					✓	✓	✓	
16						✓	✓	
17						✓	✓	
18						✓	✓	✓
19						✓	✓	✓
20							✓	✓
21							✓	✓
22	✓						✓	✓
23	✓						✓	✓
24	✓							✓
25	✓	✓						✓
26	✓	✓						✓
27	✓	✓						✓
28	✓	✓						
29	✓	✓		✓				
30	✓	✓	✓					
31	✓	✓	✓					

** Preferred Billing Date option available for ECS/DD/SI.



Customer Acknowledgement Copy (NACH MANDATE INSTRUCTION)

Application Number or Policy Number _____ Date

D	D	M	M	Y	Y	Y	Y
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Policyholder Name: _____ Customer Relations Officer: _____

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Note: 1. Request for activation of Auto Debit facility has to be submitted atleast 30 days prior to the next premium due date at the nearest HDFC Life branch.
 2. Request for de-activation of Auto Debit facility has to be submitted atleast 15 days prior to the next premium due date at the nearest HDFC Life branch.

For queries or more information, call us on **022-68446530** (Call charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00.
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