

# Name Declaration & Specimen signature form

Date: DD/MM/YYYY Time: \_\_\_\_\_ (For office use only)  
 Branch : \_\_\_\_\_  
 Received at branch on: \_\_\_\_\_ Received by: \_\_\_\_\_

## Personal Details

Name of Policyholder/s: \_\_\_\_\_  
 Policy No.: \_\_\_\_\_ Client ID: \_\_\_\_\_

## Name Declaration (To be filled only under instances of abbreviation of a full name / expanded form of abbreviated initials)

I hereby declare that \_\_\_\_\_ <Name of the Policyholder> \_\_\_\_\_  
 and \_\_\_\_\_ are names of one and the same person. I hereby agree to indemnify, defend and hold harmless HDFC Life and its agents, employees or directors against any claim, loss, damage, costs, charges and expenses that HDFC Life incurs or may incur due to the declaration made by me herein.

Note: For any major name mismatch (addition / change of middle name correction of name leading to different pronunciation), please fill and submit change in name form.

## Declaration for Specimen Signature (To be filled only if there is a signature variation with records available in the system)

I, \_\_\_\_\_ hereby declare that my specimen signatures in short, full, vernacular language and in all different styles are as mentioned below.

I hereby agree to indemnify, defend and hold harmless HDFC Life and its agents, employees or directors against any claim, loss, damage, costs, charges and expenses that HDFC Life incurs or may incur due to reliance on the specimen signatures provided by me below.

Date: DD/MM/YYYY \_\_\_\_\_

Place: \_\_\_\_\_

SIGN HERE

Specimen 1

SIGN HERE

Specimen 2

SIGN HERE

Specimen 3

Date: DD/MM/YYYY \_\_\_\_\_

Place: \_\_\_\_\_

SIGN HERE

Signature of Policyholder

In case the policy is assigned, please provide signature of the Assignee with seal (wherever applicable):

Date: DD/MM/YYYY \_\_\_\_\_

Place: \_\_\_\_\_

SIGN HERE

Signature of Assignee

## Third Party Declaration

The person who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that the content of this application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that the said person has signed or affixed his/her thumb impression in my presence.

Declarant Name & Address: \_\_\_\_\_

Date: DD/MM/YYYY \_\_\_\_\_

Place: \_\_\_\_\_

SIGN HERE

Signature of the Third Person

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

## Customer Acknowledgement Copy (Name Declaration & Specimen signature form)

Policy No.:

Interaction ID: \_\_\_\_\_ Received by: \_\_\_\_\_

Date: DD/MM/YYYY \_\_\_\_\_

HDFC Life Stamp

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.

Email – [service@hdfclife.com](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) Visit – [www.hdfclife.com](http://www.hdfclife.com)