

Know Your Customer - Addendum

(For Third Party Payment)



Instructions

1. Details required to be provided are of the Payor paying the premium on behalf of the Policyholder.
2. All points are mandatory.
3. Any cancellation or overwriting needs to be countersigned by the said person.

Application/Policy No.: _____

1. Details

Name of the payor: _____

Payor Category

- Individual*
 Company
 Partnership
 HUF
 Trust
 Others (Please specify) _____

Affix recent
photograph of
payor

Photograph to be
signed across by
the payor

Name of the Authorised person in case of Company/Partnership/HUF(Karta)/Trust: _____

* Acceptable relations who can be payors are spouse, parents, children, siblings and grandparents

Communication/Registered Address of the Payor: _____

City: _____ State: _____ Pin Code: _____

Mobile No.: _____ Email: _____

Payment Details

Cheque/DD Fund Transfer Direct Debit NetBanking Debit/Credit Card Others

Cheque No.: _____ Cheque Date: _____ Amount: INR _____

This is to certify that I am paying this premium on behalf of <PH First Name> <PH Last Name> related to me as my
<mention relation> due to _____ <Reason>

Proof of Identity

Document submitted for Identity Proof: _____

Proof of Residence

Document submitted for Residence Proof: _____

Proof of Income

Document submitted for Proof of Income if the transaction amount is Rs.1,00,000/- or above _____

Permanent Account Number (PAN) details (Please tick mark)

PAN:

□ □ □ □ □ □ □ □ □ □

(If No, please tick relevant option)

Form 60 NRI declaration

Current gross total income from all sources is INR _____ per annum.

NPO Declaration

Is the payor a Non-Profit Organisation? : Yes No

If Yes, please share the Unique ID number issued by DARPAN, NITI Aayog, Government of India

"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013);

Are you a Non Resident Indian (NRI)? Yes No

If 'Yes', Please state the current country of residence _____

Are you a "Politically Exposed Person"? Yes No

Definition of a "Politically Exposed Person":

A "Politically Exposed Person" is a person who performs important functions for the state. This would include individuals who have or have had positions of public trust such as government officials, senior executives of government corporations, politicians, important political party officials, member of parliament, member of legislative assembly, etc. and their families and close associates.

Declarations

I hereby declare that,

1. The first premium has been paid out of legally declared and assessed sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed sources of income. 2. I will provide information as and when required by the company, acting on its own or under any order or instruction received from Statutory Authorities, with regard to sources of funds or utilizations or withdrawals. 3. I agree to the Company providing any information related to me as available to the Company at any time, to any Statutory Authority in relation to the laws governing prevention of money laundering, applicable in the country. 4. I understand that the Company classifies its customers under various categories of risk for the purposes of complying with the laws governing prevention of money laundering and I confirm that I do not have any objections to the same. 5. I understand that the Company has the right to peruse my financial profile and also agree that the Company has right to cancel the Insurance contract in case I have been found guilty of any of the provisions of any Law, directly or indirectly, having relation to the laws governing prevention of money laundering in the country, by any competent court of law. 6. I am aware that the benefits under this policy are payable in accordance with the policy terms and conditions. 7. I am aware that the premiums paid under this policy will get tax benefit, under section 80C of the Income-tax Act, 1961 ('the Act'), only if paid towards the life of self (individual), spouse and any child of such individual or any member of an HUF, or under section 80D of the Act if paid towards health insurance for self (individual), spouse, dependent children and parents of an individual or any member of an HUF. These tax benefits are subject to the terms and conditions stated under the Income-tax Act, 1961.

Date: DD/MM/YYYY

Place: _____

Payor Seal, if applicable

SIGN HERE

Signature of
Payor / Authorised Signatory

Know Your Customer - Addendum (to be filled by the Proposer/Policyholder)

I, <PH First Name > <PH Last Name > hereby confirm that <Payor First Name > <Payor Last Name > is paying on my behalf for the above mentioned application.

Name of the Proposer/Policyholder: <PH First Name > <PH Last Name >

Date: DD/MM/YYYY

Place: _____

SIGN HERE

Signature of Proposer/Policyholder

The policyholder/Payor has affixed his/her thumb impression or has signed in vernacular or has not filled the application.

I hereby declare that I have explained the contents of this application form to the Proposer/Policyholder/Payor in _____ language and have truthfully recorded the answers provided to me. I further declare that the Proposer/Policyholder/Payor has signed or affixed his/her thumb impression in my presence.

Name: _____

Address: _____

Date : _____ Place: _____

SIGN HERE

Signature of Third Person

KYC Declaration

I hereby confirm that there is no change in my KYC information previously provided/updated by me and currently available in your records.

Yes No (If no, please share the KYC document as per the below list to update the KYC details)

- Valid Passport
- Masked Aadhaar (First 8 digits of Aadhaar should be masked)
- Valid Permanent Driving License
- Voter's Identity Card issued by Election Commission of India

Consent for usage of Aadhaar information

I voluntarily consent for Aadhaar based KYC, Aadhaar authentication or offline verification to be done through HDFC Life either now or anytime in future. I am aware that my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, face authentication details and/or biometric information, Aadhaar demographic data including my name, address, gender, date of birth and photograph shall be shared by UIDAI with HDFC Life for KYC purposes/ due diligence. I confirm that I was provided an option for submitting other acceptable KYC Documents besides Aadhaar. I confirm that this consent is valid for KYC purposes/ due diligence done for issuance/ servicing of insurance policy(ies), claim related purposes or for any other regulatory/ statutory related requirements.

HDFC Life Insurance Company Limited (HDFC Life), CIN: L65110MH2000PLC128245, IRDAI Registration No. 101.

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

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 | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com