DII PC10006071100



DECLARATION In Lieu of PAN Card Form to be filled by the person who does not have a PAN Card

Policyholder Fi	Policyholder First Name		Policyholder Middle Name		Policyholder Last Name	
Residing at						
	nd understand that I am req				having annual premium of I Card) under Insurance Regulatory	
I have not applied for a PAN (Card as I am a Non-Resident.					
If urther declare that what is stated above is true and in the event it is found to be incorrect, I take complete responsibility for the consequences.						
Verified today, the	day of	Place:	Signatu	SIGN HERE	7	
Declaration to be made by a third person where: The life assured has affixed his/ her thumb impression/ 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/affixed his/her thumb impression in my presence.						
Declarant Name:		Date:	Place:	Signature :	SIGN HERE	
Declarant Address:						
	ry changes, please submit PAN or F 22-68446530/HDFC Life branch. Ig		PAN) with HDFC Life v	with immediate effect. Pls	update via My	
101. Regd. Off: 13th Floor, Lo For queries or more informatio	y Limited (HDFC Life). CIN: L65 dha Excelus, Apollo Mills Comp n, call us on 022-68446530 (Ca dd e.g. +91 or 00. Email - servic	ound, N.M. Joshi Marg, M Il charges apply). Availab	Iahalaxmi, Mumbai - 40 de Mon-Sat from 10 am t	o 7 pm.	√isit -www.hdfclife.com	