

# Customer Consent Document (CCD) - Other Banks

**Avoid Policy Rejection.**  
Fill out this form carefully.



Application Number (Electronic proposal form ID number)

I, HDFC Life agent have ensured that this form is completed after discussing and agreeing on the proposed insurance plan.

SALES PERSONNEL'S SIGNATURE<sup>5</sup>

**TO BE FILLED BY THE CUSTOMER**

Type of Insurance Plan:  Protection  Investment  Pension  Savings  Health Cover  Combi Plan (tick correct option)

Name of Insurance Plan \_\_\_\_\_ The premium payable is ₹ \_\_\_\_\_ on a (S/M/Q/HY/Y) frequency for a premium paying term of \_\_\_\_\_ years & the Sum Assured is ₹ \_\_\_\_\_  
(S- Single Premium, M- Monthly, Q- Quarterly, HY- Half Yearly, Y- Yearly)

**Fill one of the following: (Applicable only for Combi \* Plan):**

Health Cover : Family Floater : Sum Insured ₹ \_\_\_\_\_, Term 01 / 02 Years

Individual Cover: Sum Insured ₹ :

L1: \_\_\_\_\_ L2: \_\_\_\_\_ L3: \_\_\_\_\_  
L4: \_\_\_\_\_ L5: \_\_\_\_\_ L6: \_\_\_\_\_

- Have you filled the electronic proposal form / has a third party or sales official assisted you in filling the proposal form vide above application number?  (tick if yes)
- Do you agree to the Illustration/suitability questionnaire signed by you/received by you on your email ID with above application number?  (tick if yes)
- Do you agree to all the Terms and Conditions mentioned in the electronic proposal form vide above application number?  (tick if yes)
- Have you understood these Policy details: DEATH BENEFIT  (tick if yes) MATURITY BENEFIT<sup>#</sup>  (tick if yes) LOAN DETAILS<sup>#^</sup>  (tick if yes) HEALTH BENEFIT  (tick if yes)
- Have you understood the Policy provisions with regard to Pre-Closure/Surrender? \*  (tick if yes)
- This application is for a fresh insurance Policy and is neither linked with an existing Policy nor with any other financial products like credit card, loan, etc  (tick if yes)

# Not applicable for Term Policies  
^ Not applicable for ULIP Policies  
\* Not applicable for limited & regular Term Policies

For Unit Linked Policy (ULIP), have you understood: DEDUCTIBLE CHARGES  (tick if yes) PARTIAL WITHDRAWAL FACILITY  (tick if yes)

I/ We have been explained the features of this plan and understand that this is not a Fixed Deposit or Recurring Deposit but an Insurance Plan.  
I/ We understand that the returns in Unit Linked Products may not be guaranteed and are subject to investment risks associated with capital markets.

Are you a tax resident of India only as per the Indian Income-tax law?  Yes  No (If No, please submit relevant documents)  
I/ We would like to receive a Dematerialized Policy  Yes  No (If Yes, please submit relevant documents)  
I/ We understand that I/ We may receive calls from HDFC Life in relation to this proposal for insurance or the resulting Policies. I/ We give my consent to HDFC Life to make such calls even when I am / We are registered on NDCN registry.  
I/ We allow HDFC Life to use my Bank account details shared by me via cancelled cheque or NEFT details provided by Sourcing Channel for any future payouts.  
I/ We agree that the answers to the above questions are true and that this addendum forms a part of the proposal / contract between me/us and HDFC Life.  
I/ We give consent to allow Sourcing Channel to furnish my credentials / information (address, contact no., email ID, loan details, income & nominee) as per their/his/ her records & vice versa.  
I/ We declare that the content of the form and document has been fully explained to me and I/ We have fully understood the significance of the proposed contract.  
I/ We agree and understand that the insurance plan purchased is on the basis of the need analysis done as per the Bank's Suitability Questionnaire (if applicable).  
I/ We agree and understand that the combi product is jointly offered by HDFC ERGO General Insurance Company Limited and HDFC Life Insurance Company Limited  
I/ We hereby agree that the recommended product is based on the information provided by me which was part of the suitability questionnaire.

**Life to be Assured 1:**

Please affix / upload passport size photograph or mention the existing client ID

Ensure you know all Policy details  
CUSTOMER'S SIGNATURE

Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Life to be Assured 2 / Proposed Policyholder / Appointee\***

(In case of joint life proposal) (If different from life to be assured) (Nominee/ beneficiary is a minor)

Please affix / upload passport size photograph or mention the existing client ID

CUSTOMER'S SIGNATURE

Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Place: \_\_\_\_\_

\* If the nominee / beneficiary is a minor, a person should be appointed to receive the amount secured by the Policy in the event of death of the Life to be Assured during the period when the nominee is a minor. (Please attach appointee declaration for Employer-Employee case)

**SI/ECS/NACH Mandate (Below details to be filled only if SI/ECS is opted for)**



UMRN FOR OFFICE USE ONLY Date DD MM YYYY

Sponsor Bank Code \_\_\_\_\_ Utility Code \_\_\_\_\_  
I/We hereby authorize **HDFC LIFE** to debit (tick ✓) **SB/CA/CC/SB-NRE/SB-NRO/OTHER**

Bank a/c number \_\_\_\_\_  
with bank \_\_\_\_\_ Name of customers bank \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_  
an amount of Rupees \_\_\_\_\_ ₹

FREQUENCY  MONTHLY  Qly  H. Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference No. 1 \_\_\_\_\_ Application No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Reference No. 2 \_\_\_\_\_ FOR OFFICE USE ONLY \_\_\_\_\_ Email ID \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From DD MM YYYY To XX XX XX XX Or  Until Cancelled  
Signature Primary Account holder 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

This is to confirm that the declaration/terms has been carefully read, understood and made by me/us. I am authorizing the User entity /corporate to debit my account. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/ammendment request to the User entity/corporate of the bank where I have authorized the debit

