

## Form Of Application To Dispense With Legal Evidence Of Title

**For office use only:**

Branch:  
 Received at branch on:  
 Received by:  
 Interaction ID:

Policy No.:       Loan Account No.:       Member ID:

I/We, \_\_\_\_\_, the widow/widower/eldest son of the above named do hereby solemnly declare that the above policy be dispensed with and I/we hereby declare that the following statements are true to the best of my/our knowledge and belief.

### Details of the Deceased Life Assured

Full name and address at the time of death	
Deceased's caste and religion	
Date of death	DD/MM/YYYY
Place of death	
Has he/she left a will?	
Has the deceased left any other estate besides the money's due under the above policy for which Evidence of Title such as a Succession Certificate is or has to be obtained?	
Was the deceased insured with any other Insurance Company? If yes, then please state the name and the policy no.	

### Family Details

Name person of the	Relation to the Deceased Life Assured	Address	Date of birth
<b>Widow (s) / Widower</b>			
			DD/MM/YYYY
<b>Daughters / Sons</b>			
			DD/MM/YYYY
<b>Father /Mother</b>			
			DD/MM/YYYY
<b>Brothers / Sisters</b>			
			DD/MM/YYYY
<b>Sons/Daughters of pre deceased daughters (i.e. daughters who died before the Life Assured)</b>			
			DD/MM/YYYY
<b>Sons/Daughters of pre deceased sons (i.e. sons who died before the Life Assured)</b>			
			DD/MM/YYYY
<b>Sons/Daughters of pre deceased sons of predeceased sons</b>			
			DD/MM/YYYY

**Note:** If any of the aforesaid relations are minors, state the Parent/Guardian with whom the minors are living.

**The following information is required in the case of Mohammedan Policyholder only.**

If the deceased has not left any of the aforesaid relatives, but has left remoter relations such as Grand Parents, Brother's or Sister's Children, etc. please give the names and ages of all such remoter relations.

State which of the relatives as noted in answer to Questions 2 & 3 are Claimants to the policy money and whether there is any dispute between any of the relatives in this connection.

Give the full name, age and address of a person of sound financial standing who is prepared to execute an indemnity Bond jointly with the heirs of the deceased.

Dated DD/MM/YYYY This \_\_\_\_\_ Day of \_\_\_\_\_

**Details of Witness**

Name of the Witness: \_\_\_\_\_

Address: \_\_\_\_\_

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

SIGN HERE

SIGN HERE

Signature of Applicant (s)

Signature of Witness

**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 **1860-267-9999** (Local charges apply) | **022-68446530** (STD 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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