



I/We do hereby declare that I/We have received a loan from M/s \_\_\_\_\_ (“Master Policyholder”). In order to secure the said loan I/We have taken the above referenced policy from HDFC Life Insurance Company Limited (“HDFC Life”). In consideration of receiving the said loan I/We hereby authorize HDFC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Signature/Thumb impression of Witness* Name & Address _____ Member Occupation _____	Signature / Thumb Impression of the Primary Insured Member  Date & Place: _____	Signature / Thumb Impression of the Secondary / Joint Insured  Date & Place: _____
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\* Witness Signature, Address and Occupation is along with signature of Insured Member

**Declaration made by Declarant where Member has:**

**a) affixed his/her thumb impression; OR b) signed in vernacular; OR c) not filled the application**

“I hereby declare that I have fully explained the above questions and contents of the Member Enrollment Form to the Member and the Joint Life Assured (if any) and I have truthfully recorded the answers given by the Member and the Secondary / Joint Life Assured (if any) and that the Member and the Secondary / Joint Life Assured (if any) has affixed the thumb impression above after fully understanding the contents thereof.”

Signature of the Declarant Name of the Declarant _____	Address of the Declarant _____ Occupation of the Declarant _____
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Signature of the Witness Name of the Witness _____	Address of the Witness _____ Occupation of the Witness _____
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“I/We certify that the contents of the form and documents have been fully explained to me by Mr. / Mrs.: \_\_\_\_\_ and I/We have understood the significance of the proposed contract.

Signature/Thumb impression of Member _____	Name, of Declarant _____
Signature / Thumb Impression of the Secondary/ Joint Life Assured (if any) _____	Designation of Declarant _____
	Occupation of Declarant _____

Declaration made by Legal Guardian if any of the Member or Joint Life Assured is a minor: I/We hereby declare that the content of the form and document filled up by the Member or Joint Life Assured is accurate and true to my/our knowledge.

Signature / Thumb Impression of the  
Legal Guardian (if Member is a Minor)

Signature / Thumb Impression of the  
Legal Guardian (if Secondary / Joint Life Assured is a Minor)