

NAME DECLARATION FORM

I hereby declare that _____ and
_____ are names of the same person.

I shall indemnify HDFC Life (the Company) and keep the Company free from any claims, damages, penalties, charges or levies what soever due to the representation done above by me.

Policy Details

Policyholder/Beneficiary*Name: _____

Policy Number :

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Policyholder/Beneficiary*

*Only application where Beneficiary's KYC details has been received.

Third Party Declaration

The person who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that the content of application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that the said person has signed or affixed his/ her thumb in my presence.

Name: _____

Address: _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Third Person

Note: With reference to recent regulatory changes, please submit PAN or Form 97 (corresponding Form 60) (if you do not have a PAN) with HDFC Life with immediate effect. Please update via My Account/service@hdfclife.com/022-68446530/HDFClife branch. Ignore if submitted.

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH200PLC128245. 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**