

NRI Q - 6.6
FC Code No :

Non-Resident Indian/ Person of Indian Origin/ Foreign National Questionnaire- IB

We thank you for applying for an insurance policy from HDFC Life. To enable us to assess your application, kindly send this NRI/ Person of Indian Origin Questionnaire answered and signed by the Life to be Assured and Proposed Policyholder, if any.

1.	Application No./Proposal No.	<input type="text"/>
2.	Name of the Life to be Assured	<input type="text"/>
3.	Address of foreign residence	<input type="text"/>
4.	Country of Residence	<input type="text"/>
5.	Date of becoming permanent resident of the above country	<input type="text"/>
6.	The name of your regular medical physician while abroad, with full contact information - Contact Number, Address and Email address	<input type="text"/>
7.	Permanent address in India	<input type="text"/>
8.	Nationality	<input type="text"/>
9.	Date when you intend to leave from India after your current visit/ left India after your last visit	<input type="text"/>
10.	Duration of your stay abroad	<input type="text"/>
a.	Do you have to travel to any other country as a part of your business/ job?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b.	If yes, please provide the below:	
	Reason	<input type="text"/>
	Frequency of visit	<input type="text"/>
	Tenure of visit	<input type="text"/>
11.	Date of next visit to India	<input type="text"/>
12.	Purpose of your stay abroad	<input type="text"/>
13.	Please state your NRE/FCNR account number and the name of the bank and bank branch	<input type="text"/>
14.	Please indicate the manner by which you propose to pay the premiums	<input type="checkbox"/> By cheque drawn on a Resident/ Non-Resident Ordinary Account in your name with a bank in India <input type="checkbox"/> NRE bank account of the proposer with a bank in India <input type="checkbox"/> Others (please specify): _____
15.	Passport/ PIO Card Number	<input type="text"/>

16. Date and place of issue

17. Date of expiry

IMPORTANT: An incomplete questionnaire will be considered invalid.

Declaration of Life to be Assured

1. I agree and understand that the information given in this document is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.
2. The claim proceeds under such policies will be paid in India in Indian currency only.

Signature/ thumb impression
(Life to be Assured)

Date _____
Place: _____

Signature/ thumb impression
(Proposed Policyholder if
different from the Life to be Assured)

Date _____
Place: _____

In the case of thumb impression or signature in vernacular language:

In case of thumb impression of the Life to be Assured, the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed or affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date _____
Place: _____

Name and address of the Declarant: _____

Declaration by Life to be Assured/ Proposed Policy holder:

I, _____ hereby declare that the contents of this questionnaire have been explained to me by _____ in _____ language. I also declare that the information provided in this questionnaire is true and correct to the best of my knowledge and belief.

Date:
Place:

Signature of Life to be Assured

HDFC Life Insurance Company Limited. 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). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

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