

Overseas Travel Questionnaire 2.3

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Overseas Travel Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Application No. / Proposal No.	
Name of Life to be Assured	
1. Please specify what is the purpose of your travel?	
2. When was the last time you went abroad?	
3. Kindly mention the exact location including country, city, town etc. with month and year of visit	a. _____ b. _____ c. _____
4. When do you plan to travel abroad in the near future? (Month, Year)	
5. Kindly mention the exact location including country, city, town, etc.	
6. Are you required to spend majority of time abroad in major cities? If yes, please mention name(s) of city/cities visited.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7. Kindly mention duration of your stay abroad?	
8. How frequently do you travel?	
9. Have you received any medical care or have you undergone any surgical procedure during your stay abroad?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

An incomplete questionnaire will be considered as invalid.

Declaration of Life to be Assured

I agree and understand that the information given herein 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 Co. Ltd. and that failure to disclose any material fact known to me may invalidate the contract.

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature/thumb impression Life To Be Assured

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature/thumb impression
(Proposed Policy Holder if different from Life to be Assured)

In the case of thumb impression\ 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 /affixed thumb impression(s) above after fully understanding the contents thereof.

Declarant Name: _____

Date: DD/MM/YYYY

SIGN HERE

Address: _____

Place: _____

Signature of the Declarant

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 **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 | Email – service@hdfclife.com

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