

PEP QUESTIONNAIRE

Application No. / Proposal No.	
Name of Policyholder	

In the proposal form, you have identified yourself as a **Politically Exposed Person (PEP)**.

To confirm the same, please answer the following questions -

a) Do you belong to any of the following occupational categories?

- | | |
|---|---|
| <input type="checkbox"/> Head of State or Government | <input type="checkbox"/> Senior Government/Judicial/Military Official |
| <input type="checkbox"/> Senior Executive of State/Central Corporations | <input type="checkbox"/> Member of a Political Party |

b) Do you have any close relatives in any of the above occupational categories?

If yes, please share the relationship you share with that person: _____

c) If either (a) or (b) is YES, please share more details

- i. Nature of work:
- ii. Name of organisation/firm/party (affiliated with):
- iii. Workplace area:
- iv. In the above profile since: _____ (Years)

d) In case the answer to (a) and (b) is NO, then please share the reason for identifying yourself as a PEP in the Proposal form

- ☐ Did not know the full details of PEP ☐ By mistake

Finally, I confirm that I belong to PEP category as per the details present above: ☐ YES ☐ NO

Declaration by the Policyholder

I agree and understand that, (a) 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 Company Limited and (b) the contract may be deemed to be invalid in case I fail to disclose any material facts.

Date : _____ DD/MM/YYYY Place : _____

SIGN HERE

Signature / Thumb impression

Declaration to be made by any third party where the policyholder has affixed his/her thumb impression or has signed in vernacular

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 this 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 impression in my presence.

Name: _____

Date : _____ DD/MM/YYYY Place : _____

SIGN HERE

Signature of Third Person

NOTE: All fields are mandatory

HDFC Life Insurance Company Limited. 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 | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com