HDFC Life
Sar utha ke jiyo!

ANNEXURE FORM
(Information required for reporting under Section 285BA of the Income Tax Act, 1961)

This form is to be filled by an individual (Proposer/Policyholder/Annuitant) as applicable

Section 1: Identification Details *(please tick/fill and complete as appropriate)*

a) Policy No:

b) Name of the Proposer/Policyholder/Annuitant: _____ c) Customer ID (To be filled by HDFC Life): _____

Section 2: Declaration of Tax Residency

Please indicate country of tax residence (as per section 6 of the Income Tax Act, 1961).

a) Only India ☐   b) India and any other country ☐   c) Any other country ☐

If you have selected option (b) or (c), you are required to provide the details and documents as mentioned below.

"For the purpose of taxation, I am a resident in the following country/countries and my Tax Identification Number (TIN)/functional equivalent in each country is given below, or I have indicated that a TIN/functional equivalent is unavailable (fill details of all countries of tax residence if more than one)":

Country/Countries of tax residency	Tax Identification Number (TIN)/ Functional equivalent	TIN/ Functional equivalent issuing country	Documents provided (self-attested copy of certificate of residence/TIN/ Functional equivalent)

Documents required: Please submit a self attested copy of either Certificate of Residence or TIN or Functional equivalent for all the countries listed in the table.

Section 3: Further Individual Identification details

a) Father's Name: _____ b) Spouse's Name: _____ c) Place of birth: _____

d) Country of birth: _____ e) Nationality: _____ f) Occupation: _____

Terms and Conditions for the Proposer/Policyholder/Annuitant

I certify that:

a) I have understood the information requirements of this Annexure (read along with section 285BA of the Income Tax Act, 1961; read with Rules 114F to 114H of the Income Tax Rules, 1962). The information provided in the Proposal Form and it's supporting Annexures, as well as information in the documentary evidence provided by me are as required under the aforesaid section and applicable rules.

b) The information provided by me in the Proposal Form, its supporting Annexures as well as in the documentary evidence provided by me are true, correct and complete to the best of my knowledge and belief and that I have not withheld any material information that may affect the assessment/categorisation of the policy held by me (here in after referred to as the "Account") as a Reportable Account (as defined under Income Tax Rules, 1962) or otherwise.

c) I permit/authorise HDFC Life Insurance Company Limited (hereinafter referred as the "Company") to collect, store, communicate and process information relating to my Account as stated above and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

d) I understand that the Company is relying on the information provided by me in the Proposal Form, its supporting Annexures as well as in the documentary evidence for the purpose of determining my status in compliance with FATCA/CRS. I also understand that the Company is not able to offer any tax advice on FATCA/CRS or its impact on me. I shall seek advice from a professional tax advisor for any questions on taxation.

e) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Proposal Form, its supporting Annexures as well as in the documentary evidence provided by me, or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.

f) I also agree that my failure to disclose any material fact known to me, now or in future, may invalidate my application and the Company would be within its right to put restrictions in the operations of my Account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /IRDAI for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by me within the stipulated period.

g) I hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the Company.

h) I also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

i) I shall indemnify, defend and hold harmless the Company and its officers, directors, employees, representatives from and against any liability or loss that may arise to the Company on account of providing incorrect or incomplete information.

Name & Signature of the Proposer/Policyholder/Annuitant: _____

SIGN HERE

Date: _____ (DD/MM/YYYY)

Place: _____

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 Office use only *(to be filled by HDFC Life employee)*

Details of the HDFC Life employee collecting the Annexure

Name: _____ Designation: _____ Employee Code: _____

Location: _____