

Mandate Deactivation Request Form

For Official Use Only
Branch: _____
Received at branch on: _____
Received by: _____

**Part I - Personal Details**E- Insurance Account No.:

Name of the Policyholder: _____

Contact* No.: (Res) _____ / (Office) _____ / (Mobile) _____ (mobile no. is preferable)

Permanent Account Number (PAN): _____

Email ID*: _____

*Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with you on the contact details provided herein.

Part II - Instructions

1. Request for deactivation needs to be submitted 15 days prior to the debit date.
2. If the request is given within 15 days from the debit date, then the premium will be debited as per the existing mandate on the debit date and the mandate shall be deactivated from the next due date.
3. Mandate Deactivation request stands confirmed only once the request is complete in all aspects and the same is accepted and processed by us.
4. On deactivation of the auto debit facility, any discount on premium (if applicable as per the product feature) will be discontinued.
5. Assignee's details, registered stamp (where applicable) and signature are mandatory in case of assigned policies.

Reason for deactivation: _____

 Policy No. 1: _____ Policy No. 2: _____ Policy No. 3: _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Joint Life Assured

SIGN HERE

Signature of Policyholder(s)

For Assigned Policies

Name of the Assignee _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Assignee's Stamp and Signature

HDFC Life Stamp

Part III - Declaration made by third person where the Policyholder has affixed his/her thumb impression/has signed in vernacular

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

Name of the Declarant: _____

Address: _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Third Person

Office Use Only:Type of Deactivation Request: (SI) (ECS) (Credit Card) (Direct Debit)

Request Form signed by Policyholder: (Yes/No) Interaction IDs: _____

Signature verified: Yes No

Employee Name: _____ Employee ID: _____

NOTE

With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Pls update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.

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.

Customer Acknowledgement Copy - Mandate Deactivation Request FormPolicy No.: Interaction ID Nos: _____

Policyholder's Name: _____

Customer Relations Officer: _____ Date: DD/MM/YYYY Time: _____

HDFC Life Stamp

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For queries or more information, call us on 1860-267-9999 (Local charges apply) | 022-68446530 (STD 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