Credit Card Mandate
(HDFC Bank Card only)

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

HDFC Life
Sar utha ke jiyo!

Please read all the instructions before filling the form:
1. All fields to be filled in BLOCK LETTERS only. 2. Attach a photocopy of the front side of the credit card along with this form. 3. Please ensure that your card is valid on the transaction date. 4. Your request for credit card payment option should be submitted at least 10 days prior to your next premium due date.

Name of Policyholder: _____ (First Name) (Middle Name) (Last Name)

Proposal / Policy No.: _____

Mandate To Debit ☐ Initial Deposit ☐ Initial & Subsequent Renewal Premiums ☐ Future Premiums (Please tick)

I hereby authorise HDFC Life to debit the Initial Deposit of ` _____, initial & subsequent premiums of ` _____ or future renewal premium payments of ` _____ on a ☐ single/ ☐ annual/ ☐ half-yearly/ ☐ quarterly/ ☐ monthly* frequency / of my insurance policy to my Credit Card Account and obtain the credit of such amount in favour of the company.

SIGN HERE

Signature of the proposed Policyholder/ Policyholder

SIGN HERE

Signature of the credit card holder if different from Policyholder

* Monthly frequency is available with certain plans only. Please check with our Customer Relations Officer for details.

☐ Mandate To Debit Outstanding Premiums, Revival/ Reinstatement Fee & Interest Charges (If any)

I hereby authorise HDFC Life to debit my credit card account for outstanding premiums, revival/ reinstatement fee and interest charges (if any) towards my Policy and obtaining the credit of such amount in favour of the company.

Outstanding Premium(s): ` _____ Revival/Reinstatement fee: ` _____ Interest (if any): ` _____ Total Amount: ` _____

SIGN HERE

Signature of the Policyholder

SIGN HERE

Signature of the credit card holder if different from Policyholder

Credit Card Details

Name of the Credit Card holder:
(As it appears on the credit card)

Credit Card No:

Credit Card Type: ☐ VISA ☐ Master ☐ Diner's ☐ Maestro Credit Card Expiry Date: M M / Y Y

Relationship with Policyholder (Please tick): ☐ Spouse ☐ Parent ☐ Sibling ☐ Child ☐ Grandparent

I understand, agree and confirm:
1. That my premium amount will be charged to my credit card by HDFC Life. 2. That the risk under the insurance plan and the Policy will be assumed by the company only after my credit card account is debited with the amount of the premium and not earlier. 3. I understand and agree that non-receipt in case of the first premium payable under the Policy shall result in the Policy becoming void, whereas in respect of subsequent regular premiums shall result in lapsation of the Policy, such lapsation being governed by the terms and condition of my Insurance Policy. 4. That the credit card issuing bank is not acting as an agent of the company or myself in accepting the debit to the credit card account with the premium amounts, or otherwise dealing with the premium amounts(s) payable under the Policy, in any manner. 5. That in case of any increase/ decrease in premium amount due to changes in taxes or any government regulation or payment frequency or any Policy related changes no fresh authorisation would be required. 6. That in case of cancellation/ expiry / substitution of my credit card I will inform HDFC Life and I would be liable to pay the premium through other modes of payment or I will provide you with a fresh authorisation and new credit card number / details along with self attested photocopy of the same.
I/We hereby declare that in case of a third party Credit card holder, a KYC form of the Credit card holder, shall be submitted.

CUSTOMER DECLARATION: I hereby declare that the details of the above-mentioned credit card belong to me.

SIGN HERE

(Signature of the credit card holder) DD/MM/YYYY (Date) _____ (Place)

Declaration to be made by a third person where:
The life assured has affixed his/her thumb impression / has signed in vernacular / has not filled the application. I hereby declare that I have explained the contents of this application form to the life to be assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence.

Declarant Name: _____ Signature: _____ Date: DD/MM/YYYY Place: _____

Declarant Address: _____

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 (CREDIT CARD MANDATE)

Policy No: _____ Policyholder name: _____

☐ Initial & Subsequent Renewal Premiums ☐ Future Renewal Premiums ☐ Revival/Reinstatement Premiums

Branch: Customer Relations Officer: Date: DD/MM/YYYY

(Branch Stamp)

View Premium Calendar, Pay Premium Online, Track fluctuations in the fund value, Print your Annual Premium Statement & lots more!
Visit **www.hdfclife.com** and register for **My Account today!**
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**

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Sar utha ke jiyo!