

**Overseas Travel Questionnaire**

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.	a) ..... b) ..... c) ..... d) ..... e) ..... f) .....
4. Are you required to spend majority of time abroad in major cities? If yes, please mention name(s) of city/cities visited.	Yes / No
5. Kindly mention duration of your stay abroad?	
6. How frequently do you travel?	
7. Have you received any medical care or have you undergone any surgical procedure during your stay abroad?	Yes / No

**❖ An incomplete Questionnaire will not be considered valid.**

**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 Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression  
(Life to be Assured)

Date:.....  
Place:.....

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

Date:.....  
Place:.....

**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.

Signature

Date:.....  
Place:.....

Name and address of the declarant \_\_\_\_\_