

NAME DECLARATION

I/ We hereby declare that,

_____ and _____

are names of the same person.

I shall indemnify HDFC Life and keep them free from any claims, damages, penalties, charges or levies whatsoever due to the representation done above by me.

(Signature of the Declarant)

Policy Holder Name: _____ Date: _____ Place: _____

Policy Number: _____ Email ID*: _____

Contact No.*: Off: _____ / Res.: _____ / Mob.: _____ (Mobile number is preferable)

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

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: _____

Declarant Address: _____

HDFC Life Insurance Company Limited [Formerly HDFC Standard 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.