

HDFC TERM ASSURANCE POLICY

This Policy is the evidence of a contract between HDFC Standard Life Insurance Company Limited ('We') and the Policyholder ('You') as described in the schedule here under written. This Policy is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, applicable medical evidences and other information received by the Company from the Policyholder or on behalf of the Policyholder. This Policy is effective upon receipt, by the Company, of the consideration payable as First Premium under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all premiums and benefits are expressed and payable in Indian Rupees.

HDFC TERM ASSURANCE POLICY SCHEDULE

POLICY NUMBER: 10815040

DATE OF COMMENCEMENT OF POLICY: 29th December 2006

POLICY HOLDER:

**Mr. Pramod Sukumarannni
TB 102 Anand Vihar
Rainbow Apartments
Tolichowki
Hyderabad 500008
Andhra Pradesh
Joint Holder : Mrs. Manju Monikumar**

LIVES ASSURED: Mr. Pramod Sukumarannni Mrs. Manju Monikumar

DATES OF BIRTH: 18th February 1975 11th May 1975

AGES ON COMMENCEMENT OF POLICY (In Years): 31 31

AGE ADMITTED: Yes Yes

PREMIUMS: Rs. 14,350.00 payable Annually from the Date of Commencement.
Final premium due on 29/12/2035

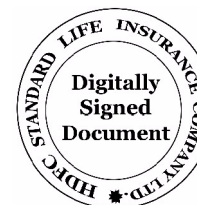
Note : Taxes payable extra at current rates.

TERM 30 Years

BENEFITS: The Basic benefits and the additional benefits (where applicable) are detailed in the Schedule titled 'Schedule of Benefits' and are governed by the standard policy provisions and additional policy provisions respectively.

ADDRESS FOR CORRESPONDENCE:

**1st Floor A Wing Trade Star Bg, Junction of Kondivita &, Andheri Kurla Road Andheri E. ,
Mumbai , 400059
Telephone Nos. - 022-6647 5666
Fax Nos. - 56475600
Email - response@hdfcinsurance.com**



2006-12-29-20.49.10.750778

The stamp duty of Rs.500.00/- (RUPEES FIVE HUNDRED ONLY) paid by pay order, vide Receipt no.168507 dated 21st December 2006.

Proper Officer

SCHEDULE OF BENEFITS		(Amt in Rs.)	
Basic Benefit(s)	Sum Assured	Premiums	Expiry Date (dd/mm/yyyy)
Term Assurance Death Benefit	2,500,000.00	Annual 14,350.00	29/12/2036

Note : Taxes payable extra at current rates.

Nomination Schedule (Effective Date: 29/12/2006)			
Name Mrs. Ponnamma K.G.	Percentage 100.00	Name	Percentage
Date of Birth 18th April 1948		Date of Birth	
Address TB 102 Anand Vihar Rainbow Apartments Tolichowki Hyderabad 500008 Andhra Pradesh		Address	

DETAILS OF THE APPOINTEE (applicable where the Nominee is a minor)

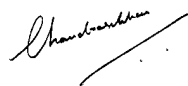
Name
Date of Birth
Address

Notes:

'N.A.' denotes 'Not Applicable'. In the event of death of the Life Assured, the Appointee shall be entitled to receive the money secured by the Policy on behalf of the Nominee during the Nominee's minority. This Nomination Schedule replaces all previous Nomination Schedules issued prior to the effective date noted above.

Signed at Mumbai on 29th December 2006

For HDFC Standard Life Insurance Company Limited.



Authorised Signatory

SPACE FOR ENDORSEMENTS

STANDARD POLICY PROVISIONS

1. General

Your Policy will provide a guaranteed amount on death of the first to die of the Lives Assured during the term of the Policy. The amount payable is specified in the Policy schedule. Your Policy is non-participating and no bonuses will be added to the benefits. The terms "Premium" and "Premiums" used in the Standard Policy Provisions would be deemed to include all taxes, levy and charges applicable on the Policy.

2. Benefits

If you pay the premiums that are due, we will pay the following benefits to you or to any other person who is entitled to receive them:

Basic Benefits: The Sum Assured stated against Term Assurance Death Benefit in the Schedule of Benefits, is payable upon the death of the first to die of the Lives Assured before the expiry date of this Benefit. Upon this payment the Policy terminates and no further benefit becomes payable.

Additional Benefit(s): The Additional Benefit(s), where applicable, are governed by the respective Additional Policy Provisions forming part of the Policy documents.

Pre-requisites for payment of benefits: Before we pay the basic benefit under your Policy we will require to be satisfied that the first to die of the Lives Assured, has died before the expiry date; and (in respect of any benefit)

(i) the answers which were given in the application are correct; and (ii) all policy provisions including any endorsement to your Policy have been met; and (iii) the person to whom the benefits are to be paid is entitled to receive them; and (iv) all relevant documents in support of your claim have been provided.

For a claim due to the death of a Life Assured these documents would normally include the

• fully completed claim form, • original Policy document, • original death registration certificate, • original certificate of doctor certifying death, • original certificate of cremation or burial, and • originals of any medical reports that we consider relevant to the death.

Depending on the circumstances of the death further documents as we might reasonably require may need to be provided.

No benefit is payable on survival to the end of the term of the Policy.

3. Payment and cessation of premiums

(i) The first premium must be paid along with the submission of your completed application. Subsequent premiums are due in full on the date(s) (called here the "Due Dates") and at the frequency set out in your Policy schedule. We will not accept part payment of the premium. Any statutory levy or charges including any indirect tax may be charged to you either now or in future by the Company and such amount so charged shall become due and payable in addition to the premium and such charge shall be subject to the same terms and conditions as applicable to payment of premium. (ii) If any premium remains unpaid 15 days after the Due Date, we may lapse your Policy with effect from the Due Date of the first unpaid premium.

4. Lapsed Policies

In case of lapsed policies, the basic benefit will lapse and any additional benefit will be cancelled and no benefit will be payable to you.

5. Surrender Value

The Policy will not at any time acquire a surrender value or a paid-up value.

6. Loans

There is no facility of loans from us against this contract.

7. Assignments and Nominations

Any notice of assignment or change in nomination must be notified in writing to us at our Correspondence Address noted in your Policy schedule.

8. Exclusions

We shall not be liable to pay the benefit amount indicated in your Policy schedule if the death of the first to die of the Lives Assured is caused directly or indirectly by suicide within one year of the date of Commencement or the date of issue or date of reinstatement of the Policy, whichever is later.

9. Incorrect information and non-disclosure

Your Policy is based on the application and declaration which you have made to us and other information provided by you/on your behalf. However, if any of the information provided is incomplete or incorrect, we reserve the right to vary the benefits, which may be payable and, further, if there has been non-disclosure of a material fact then we may treat your Policy as void from inception.

For your benefit, Section 45 of the Insurance Act, 1938 is reproduced below:

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Ref no.: 10815040
Mr. Pramod Sukumaranunni
TB 102 Anand Vihar
Rainbow Apartments
Tolichowki
Hyderabad 500008
Andhra Pradesh
Tele.Nos - /

29th December 2006

Dear Mr. Pramod Sukumaranunni

Sub: Your policy no. 10815040

We are glad to inform you that your proposal has been accepted and the Insurance Policy has been issued. We have made every effort to design your Policy information in a simple format. We have highlighted items of importance so that you may recognize them easily.

Policy documents:

As an evidence of the insurance contract between HDFC Standard Life and you, the Insurance Policy is enclosed alongside. Please preserve this document safely and also inform your nominees about the same. We are also enclosing alongside a copy of your proposal form and other relevant documents submitted by you and also the final version of the illustration accepted by you (applicable only for proposals received from April 1, 2004 onwards) for your information and records.

Option to withdraw:

In case you are not agreeable to any of the provisions stated in the Policy and the details in the proposal form, you have the option of returning the policy to us stating the reasons thereof, within 15 days from the date of receipt of the Policy. On receipt of your letter alongwith the original Policy documents, we shall arrange to refund the premium paid by you, subject to deduction of the proportionate risk premium for the period on cover and the expenses incurred by us on medical examination and stamp duty charges. A Policy once withdrawn shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

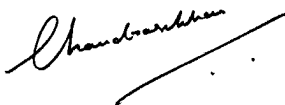
Contacting us:

The address for correspondence is given on the first page of the Policy document. To enable us to serve you better, you are requested to quote your Policy number in all correspondences. In case you are keen on knowing more about our products and services, we would request you to talk to your Certified Financial Consultant who has advised you while taking this Policy. We have also put in place a grievance redressal mechanism for Policyholders. You can reach our Grievance Redressal Officer at grievance@hdfcinsurance.com or at the Corporate Office address mentioned below.

In case you are not satisfied with our response, you can also approach the Insurance Ombudsman in your region whose address is available on our website www.hdfcinsurance.com.

Thanking you once again for choosing HDFC Standard Life and looking forward to serving you in the years ahead,

Yours sincerely,



Chandrasekhar R.
Head - Operations

Branch Office: HDFC SL Andheri Branch, 1st Floor A Wing Trade Star Bg, Junction of Kondivita &, Andheri Kurla Road Andheri E. , Mumbai, 400059 Telephone Nos.- 022-6647 5666

Issuing Office: 5th Floor, Eureka Towers, Mindspace Complex, Link Road, Malad (West), Mumbai 400 064

Registered Office: Ramon House, H T Parekh Marg, 169 Backbay Reclamation, Mumbai 400 020, INDIA.

FIRST PREMIUM RECEIPT

Date : 29/12/2006

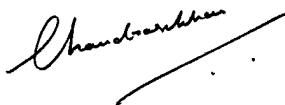
We certify that the premium amount mentioned below, which was received from you as initial deposit has, consequent to the issue of a Life Insurance policy, been accounted by us towards First Premium payable.

Policy No.	10815040
Plan	HDFC Term Assurance
Policy Holder	Mr. Pramod Sukumaranunni Mrs. Manju Monikumar
Premium Amount (including taxes)	Rs.16,106.00
Premium Adjusted with effect from :	29th December 2006

***Notes :**

- (A) - Amounts received by cheque will be subject to realisation of cheque.
(B) - Tax benefits under the Income Tax Act, 1961:
- (i) Premium paid on Basic Sum Assured as well as Additional Term Benefit and Accidental Death Benefit Riders will be eligible for deduction under Section 80C.
 - (ii) Premium paid on Critical Illness, Waiver of Premium & Accelerated Sum Assured Riders will be eligible for deduction under Section 80D.
 - (iii) For details, please refer to the Policy Schedule available with the Policy documents.

Yours sincerely,
For HDFC Standard Life Insurance Company Limited.



Chandrasekhar R.
Head - Operations

Service Tax Registration Number : M-IV/ST/IAS-LIFE/2

Branch Office: HDFC SL Andheri Branch, 1st Floor A Wing Trade Star Bg, Junction of Kondivita &, Andheri Kurla Road Andheri E. , Mumbai, 400059 Telephone Nos. - 022-6647 5666

Issuing Office: 5th Floor, Eureka Towers, Mindspace Complex, Link Road, Malad (West), Mumbai 400 064

Registered Office: Ramon House, H T Parekh Marg, 169 Backbay Reclamation, Mumbai 400 020, INDIA.



MDRT Case

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19 DEC 2006

PROPOSAL FORM FOR JOINT LIFE

20 DEC 2006

Guidelines for filling up the form:

- All questions are to be answered.
- The entire form is to be filled in the same handwriting and by using either royal blue or black ink only.
- The details in the boxes are to be filled in **CAPITAL** letters.
- Where you are required to provide information in boxes, a space is to be left between each word.
- All material information, complete and correct in all respects, is to be provided, as this would assist us in processing the proposal quickly. In case you have any doubt whether the particular information is material or not, please disclose the information. In case any material information is not provided, the contract is liable to be void.
- Any cancellation / alteration is to be signed by the life to be assured as appropriate.
- All relevant supporting documents are to be provided.
- Separate proposal forms are to be used for each plan.
- It is important to furnish details regarding nomination (Section B).
- Questions asked in Section C & D are to be answered by the lives to be assured.
- Where the application form has not been filled up by the proposed policyholders or where he / she has affixed the thumb impression, the corresponding declarations should be completed.

Notes: a) For any additional forms, annexures, questionnaires or drafts of declarations and affidavits, please contact your financial consultant.

b) Important sections to note under Insurance Act 1938 provided below:

Section 45 - Disclosure of material information

Under the provisions of section 45 of the Insurance Act, 1938, the company is entitled to repudiate a policy on the ground that a statement made in the proposal or in any report of a medical officer or referee or friend of the insured or any other document leading to issue of the policy was inaccurate or false, before the expiry of 2 years from the effective date of the policy, and thereafter that if such false or inaccurate statement was on a material matter or suppressed facts were material to disclose and it was fraudulently made and the policy holder knew that the statement was false or was material to disclose.

Section 41 - Prohibition of rebates

(1) No person shall allow or offer to allow, any rebate of the whole or part of the commission payable either directly or indirectly or any rebate of the premium shown on the policy, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate or premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance employed by the insurer.

(2) Any person making default in complying with provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

LIC NO 1493701
EXPIRY DT 26/11/09

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FOR OFFICE USE ONLY

To be filled by the financial consultant

Consultant name: <u>CHEMN KISHOR NAGDA</u>	Consultant code: <u>A209260</u>
Company lead:	Lead reference number:
Branch: <u>ANDHERI</u>	Simultaneous proposals: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	No. of proposals sent together:
	Payment details:
	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/>

Forms verified by BDM/CAM: Yes No

Name BDM/CAM: <u>ASHISH K.</u>	Signature of BDM/CAM:
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To be filled by the Branch Operations Officer:

Received at branch on: <u>19/12/06</u>	Documents verified:
Receipt no:	Chq. number: <u>951023</u>
Client ID: <u>N0538993</u>	Simultaneous Proposals: <u>NO</u>
Assignment documents: <u>5492204</u>	<u>APCA in old proposal.</u>
Branch Operations Officer's comments:	<u>2 P3 ITR, 2 P3 ICR,</u>
Name of the Officer checking illustration:	<u>7 P3 ITR</u>
Name of the Officer doing scrutiny:	<u>Abhishek 5187</u>

existing client.

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Section A - Plan details (See Plan Selection Instruction Sheet)

Please Note :

- Indicate the type of plan and additional benefits (if any) you propose to take. Please choose from the Plan Selection Instruction Sheet.
- For term plans, please do not fill the commencement date, as the commencement date will be the date of conversion of proposal into policy
- For each plan separate proposal forms have to be filled in.

Type of plan	Main Benefit Sum Assured (Rs.)	Main benefit premium (Rs.)
TERM ASSURANCE PLAN	250000 ✓	(A) 16106 ✓

Additional benefit (if any)	Additional benefit Sum Assured (Rs.)	Additional benefit premium (Rs.)
1.		
2.		
3.		
4.		
		Sub Total (B)

Total premium payable : (A) + (B) 16106 ✓

* Term : 30 years * Commencement date (Has to be within the same financial year for backdated cases) : DD MM YYYY

Frequency of payment: Yearly Half yearly Quarterly Single**

* Term & Commencement date* are not applicable for single premium proposals.
 ** Please note that the single frequency of payment can be opted only for term plans.

Backdating charges (if applicable) Rs. _____

Details of payment submitted with application form:

Amount: Rs. 16106/- Type: Cash Cheque Demand Draft

Cheques / D.D's to be drawn in favour of "HDFC Standard Life Insurance Company Limited"

Number : Citibank
 Date : 12/12/06
 Drawn on : Citibank

Please tick the objective of Insurance : Protection / Savings / Loan Cover / Investment / Pension / Disability / Education / Others

In case either or both of the lives to be assured is/are the guardian of a disabled person, is this insurance policy being taken primarily to protect the disabled person? Yes No N/A

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Section B - Personal details of nominee(s)

Please Note :

- Nominee is the person to whom the money secured by the policy shall be paid in the event of the simultaneous death of the lives to be assured.

Title / Mr. / Ms. / Mrs. Surname / First Name / Middle Name
 MR S P O N N A M M A K G

Date of birth : 18 04 1948 Gender: Male Female Relationship of nominee to lives to be assured: MOTHER

Mailing address : SAME AS DF LIFE TO BE ASSURED

Pin code :

E-mail address : I do not wish to receive communication via E-mail

Telephone numbers STD code Telephone number 1 STD code Telephone number 2

Home Workplace

Permanent address (if different from mailing address)

Pin code :

Client ID (Office use only)

* In case the nominee is a minor, a person should be appointed to receive the money secured by the policy in the event of death of the life to be assured during the minority of the nominee.

Appointee details (To be filled in only if the nominee is a minor). The appointee must not be either of the lives to be assured.

Title / Mr. / Ms. / Mrs. Surname / First Name / Middle Name

Date of birth : DD MM YYYY Gender: Male Female Relationship to nominee:

Mailing address :

Pin code :

E-mail address :

Telephone numbers STD code Telephone number 1 STD code Telephone number 2

Home Workplace

Signature of appointee accepting the appointment : (No Thumb Impression)

Section D - Personal and family history of lives to be assured

1) Have you resided overseas for more than 6 months at any time during the last five years, or do you intend to do so in the next six months?

Life to be assured 1	Life to be assured 2
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you have answered "Yes" to the above question, please give the names of the countries and duration of stay:

Life to be assured 1	Life to be assured 2

2) Do you have any existing insurance cover of premium paying and / or paid up policies?

Life to be assured 1	Life to be assured 2
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes" please provide the following details: (All amounts in Rupees)

	Life to be assured 1	Life to be assured 2
A. Sum Assured payable on death	10 LAKHS -	10 LAKHS -
B. Sum payable on accidental death (excluding A)	- NIL -	- NIL -
C. Benefits payable on disability/critical illness	- NIL -	- NIL -
D. How much of this cover i.e. (A) + (B) + (C) was taken out in the last 12 months?	- NIL -	- NIL -
E. How much of the cover in (A) was taken out during the last five years?	10 LAKHS -	10 LAKHS -

3) Have you submitted any simultaneous applications for life assurance to any of our offices or to another life insurance company, which is still pending OR are you likely to revive existing policies in next 12 months?

Life to be assured 1	Life to be assured 2
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If "Yes" please give details of those (All amounts in Rupees)

	Life to be assured 1		Life to be assured 2	
	Already proposed	To be revived	Already proposed	To be revived
A. Sum Assured (total)				
B. Name of the company/ies				
C. Types of products				
D. Purpose of cover				

4) Has any application for insurance on your life been:

	Life to be assured 1		Life to be assured 2	
	Yes	No	Yes	No
Postponed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accepted with extra premium?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accepted on other special terms?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Declined?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Withdrawn by yourself?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you have answered "Yes" to any of the above questions, please state the proposal number and name of the insurance company:

Life to be assured 1	Life to be assured 2
	HDFC CHILDREN PLAN WAS DISCONTINUED AFTER PAYING FIRST PREMIUM DUE TO ALTERNATIVE INVESTMENTS DONE FOR THE SAME PURPOSE. POLICY NO IS. 296690.

5) Details of occupation

Life to be assured 1

Present Occupation: Salaried Self employed Unemployed Business Others

Designation: ANALYST Yearly income from all sources: 6.52 LAKHS

Name and address of present employer or business premises if self employed (address of your place of work)	POLARIS SOFTWARE LABS LTD 133 V VEEVAZ ANDHRA CLD MUMBAI - 400096
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Please provide in detail the exact nature of work performed by you in connection with your present employment or business. (For e.g. clerical, mechanical, supervisory job, etc.)

SYSTEM ANALYSIS FOR SOFTWARE DEVELOPMENT PROJECTS

Please provide details if any, regarding your occupation or business which may render you susceptible to injury or illness. (e.g. exposure to chemical substances/hazardous materials/harmful dust or gases/explosives/working at heights/handling heavy machinery etc.)

NON HAZARDOUS

Industry to which your company or business belongs (cement, banking etc.)

I.T.

Life to be assured 2

Present Occupation: Salaried Self employed Unemployed Business Others

Designation: ANALYST - PROGRAMMER Yearly income from all sources: 6.11 LAKHS

Name and address of present employer or business premises if self employed (address of your place of work)	INFOSYS TECHNOLOGIES LTD Electronic City, HOURHOGI, Bangalore 560100
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Please provide in detail the exact nature of work performed by you in connection with your present employment or business. (For e.g. clerical, mechanical, supervisory job, etc.)

SYSTEM ANALYSIS AND SOFTWARE DEVELOPMENT

Please provide details if any, regarding your occupation or business which may render you susceptible to injury or illness. (e.g. exposure to chemical substances/hazardous materials/harmful dust or gases/explosives/working at heights/handling heavy machinery etc.)

NON HAZARDOUS

Industry to which your company or business belongs (cement, banking etc.)

I.T.

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6) What percentage of your time at work is spent doing the following: (Total must be 100%)

	Travelling or site visits	Physical work (involving manual labour type jobs)	Supervision of physical work	Administrative work (meaning office table jobs)
Life to be assured 1	0 %	0 %	0 %	100 %
Life to be assured 2	0 %	0 %	0 %	100 %

We are not asking for precise percentages. A rough estimate is adequate. For the purposes of this question, you may ignore all travel in national or international airlines authorised for carrying fare-paying passengers only.

If the percentage of time spent travelling is not zero, then please specify the mode of transport used most of the time, e.g. car, motorbike, railway etc.

Life to be assured 1	Life to be assured 2

7) Do you take part in any hobbies / activities that could be considered dangerous in any way? e.g. aviation (other than as a fare-paying passenger), mountaineering, deep sea diving or any form of racing.

Life to be assured 1	Life to be assured 2
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you have answered "Yes" to the above question, please give details below:

Life to be assured 1	Life to be assured 2

8) State your height and weight as accurately as possible.

Life to be assured 1	Height: 158 Cms (or) _____ Feet _____ Inches	Weight: 71 Kgs
Life to be assured 2	Height: 158 Cms (or) _____ Feet _____ Inches	Weight: 68 Kgs

9) Please indicate if you consume any of the substances mentioned below:

Substance	Do you consume?	Form of consumption (Tick where applicable)				Quantity consumed
		Beer	Wine	Spirits	Others	
Life to be assured 1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					Per Week _____ Units
Life to be assured 1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Cigars	Cigarettes	Bidis	Chewing Tobacco	Per Day _____ Units

Substance	Do you consume?	Form of consumption (Tick where applicable)				Quantity consumed
		Beer	Wine	Spirits	Others	
Life to be assured 2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					Per Week _____ Units
Life to be assured 2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Cigars	Cigarettes	Bidis	Chewing Tobacco	Per Day _____ Units

* 1 unit equivalent to 1 bottle of beer / 1 glass of wine / 1 measure of spirits
 ** 1 unit equivalent to 1 cigar / 1 cigarette / 1 bidi. If chewing tobacco please specify how many grams per day.

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10) State the name and address of your usual doctor who attends to you in the event of illness, or if you have been consulting with this doctor for less than 3 months, the name and address of your previous doctor.

List to be assured 1

Surname / First Name / Middle Name

NO DOCTOR

Pin code:

Telephone numbers

List to be assured 2

Surname / First Name / Middle Name

NO DOCTOR

Pin code:

Telephone numbers

11) We may require you to undergo medical examinations / tests. Some of the medical tests may require you to observe fasting. Please indicate your preference of location, near which the medical tests can be conducted.

Life to be assured 1	Residence <input checked="" type="checkbox"/>	Workplace <input type="checkbox"/>
Life to be assured 2	Residence <input checked="" type="checkbox"/>	Workplace <input type="checkbox"/>

12) Personal medical details.

12.1 (For Life to be Assured 1)

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. Do you have any physical disability? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are you currently suffering from any illness, impairment, or taking any medication or pills or drugs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Do you have any recurrent medical condition or physical disability or deformity or illness or injury that has kept you from working for more than one week in the last 5 years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you ever tested positive for HIV / AIDS or Hepatitis B or C, or have you been tested / treated for other sexually transmitted diseases or are you awaiting the results of such a test? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. During the last five years, have you undergone or been recommended to undergo: | | |
| a. Hospitalisation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. An operation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. X ray or any other investigation (excluding check-ups for employment / insurance / executive health checkup / foreign visit) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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Please tick the appropriate answer to all of the questions below :

6. Have you ever suffered from any of the following conditions?	Indicate Yes or No by ticking in relevant box		In case of points (a) to (h), if you have answered "Yes", a questionnaire, duly filled, is required. Please indicate if the same has been attached.	Yes
	Yes	No		
(a) Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(a) Diabetes questionnaire	<input type="checkbox"/>
(b) High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(b) High blood pressure questionnaire	<input type="checkbox"/>
(c) Respiratory disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(c) Respiratory disorders questionnaire	<input type="checkbox"/>
(d) Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(d) Epilepsy questionnaire	<input type="checkbox"/>
(e) Back problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(e) Back disorder questionnaire	<input type="checkbox"/>
(f) Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(f) Arthritis questionnaire	<input type="checkbox"/>
(g) Any nervous disorder or mental condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(g) Nervous disorder questionnaire	<input type="checkbox"/>
(h) Abnormality of thyroid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(h) Thyroid questionnaire	<input type="checkbox"/>
(i) Cancer or a tumour	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(j) Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(k) Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(l) Disorder of the liver	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(m) Disorder of the kidney	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(n) Disorder of the digestive system	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(o) Paralysis or multiple sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(p) Blood disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(q) Depression or psychiatric disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(r) Any recurrent medical condition / disability, (including eye / ear disorder)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

If you have answered "Yes" to any of the sub questions [1, 2, 3, 4, 5, 6 (i to r)] asked under question 12 of this section, please give details below including nature of illness, date of diagnosis, name and address of doctor and whether still under treatment or fully recovered :

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12.2 (For Life to be Assured 2)

Yes No

- Do you have any physical disability? Yes No
- Are you currently suffering from any illness, impairment, or taking any medication or pills or drugs? Yes No
- Do you have any recurrent medical condition or physical disability or deformity or illness or injury that has kept you from working for more than one week in the last 5 years? Yes No
- Have you ever tested positive for HIV / AIDS or Hepatitis B or C, or have you been tested / treated for other sexually transmitted diseases or are you awaiting the results of such a test? Yes No
- During the last five years, have you undergone or been recommended to undergo:
 - Hospitalisation Yes No
 - An operation Yes No
 - X ray or any other investigation (excluding check-ups for employment / insurance / executive health checkup / foreign visit) Yes No

Please tick the appropriate answer to all of the questions below :

6. Have you ever suffered from any of the following conditions?	Indicate Yes or No by ticking in relevant box		In case of points (a) to (h), if you have answered "Yes", a questionnaire, duly filled, is required. Please indicate if the same has been attached.	Yes
	Yes	No		
(a) Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(a) Diabetes questionnaire	<input type="checkbox"/>
(b) High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(b) High blood pressure questionnaire	<input type="checkbox"/>
(c) Respiratory disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(c) Respiratory disorders questionnaire	<input type="checkbox"/>
(d) Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(d) Epilepsy questionnaire	<input type="checkbox"/>
(e) Back problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(e) Back disorder questionnaire	<input type="checkbox"/>
(f) Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(f) Arthritis questionnaire	<input type="checkbox"/>
(g) Any nervous disorder or mental condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(g) Nervous disorder questionnaire	<input type="checkbox"/>
(h) Abnormality of thyroid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(h) Thyroid questionnaire	<input type="checkbox"/>
(i) Cancer or a tumour	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(j) Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(k) Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(l) Disorder of the liver	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(m) Disorder of the kidney	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(n) Disorder of the digestive system	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(o) Paralysis or multiple sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(p) Blood disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(q) Depression or psychiatric disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(r) Any recurrent medical condition / disability, (including eye / ear disorder)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

If you have answered "Yes" to any of the sub questions [1, 2, 3, 4, 5, 6 (i to r)] asked under question 12 of this section, please give details below including nature of illness, date of diagnosis, name and address of doctor and whether still under treatment or fully recovered :

PLAN SELECTION INSTRUCTION SHEET

- The following plans and additional benefits are currently offered by HDFC Standard Life Insurance Company Limited. Please update the desired plan and additional benefit code in section A (plan details) of the application form.
- The below table indicates the additional benefits available for each plan. You are requested to study it thoroughly before indicating the plan / benefits that you desire. (The ✓ symbol indicates that the plan and benefit combination is available whereas the X symbol indicates that the plan and benefit combination is unavailable).

	Additional benefits (Riders)				
	Additional Term Benefit	Accidental Death Benefit	Critical Illness	Waiver of Premium	Accelerated Sum Assured
Endowment Assurance	✓	✓	✓	✓	X
Money Back Plan	✓	✓	✓	✓	X
Term Assurance	X	✓	✓	X	✓
Lean Cover Term Assurance	X	X	X	X	✓

- ASA rider is available only with our Term Insurance series and cannot be taken in conjunction with the Critical Illness rider.
- The sum of premiums of the riders chosen cannot exceed 30% of the premium of the main benefit for Endowment and Money Back Plans and 100% for Term and Loan Cover Plans. Also, for Term Plans, the Accidental Death Benefit premium should not exceed 30% of the main benefit premium.
- The Sum Assured of Additional Term Benefit, Accidental Death Benefit & Critical Illness riders can be either equal to the main benefit Sum Assured or between 25% to 100% of the main benefit Sum Assured.
- For all your policies with us the aggregate Sum Assured under accelerated Sum Assured and Critical Illness cannot exceed to be Rs. 50 lacs.
- For all your policies with us the aggregate Sum Assured under Accidental Death Benefit cannot exceed Rs. 1 crore.

Correspondence address: HDFC Standard Life Insurance Company Limited, 'B' Wing, 5th floor, Eureka Towers, (Behind Toyota showroom) Mindspace, Link Road, Malad (West), Mumbai - 400 064.
Email: responses@hdfcinsurance.com Website: www.hdfcinsurance.com

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Ver: 8.0a-6.0-6.0

13-Dec-2006 5:44:00 PM

Page 1

Quotation for HDFC Term Assurance - Regular Premium ✓
on 13 December 2006

PERSONAL DETAILS

	Name	Age	Gender
Life 1	PRAMOD S	31 ✓	M ✓
Life 2	MRS MANJU	31 ✓	F ✓

Age is taken as on last birthday

POLICY DETAILS

Date of Policy Commencement: 13-Dec-2006

Policy Term: 30 year(s) ✓

Premium paying Term: 30 year(s)

Premium Frequency: Annual ✓

PREMIUM AND BENEFIT DETAILS

Benefit Name	Sum Assured (in Rs.)	Benefit Term (years)	Premium paying Term (years)	Premium (in Rs.)	Service Tax (in Rs.)	Total Premium
Term Assurance	2,500,000	30	30	14,350	1,756	16,106
Total Premium payable per Frequency:				14,350	1,756	16,106

Next premium Due Date

13-Dec-2007

TERMS AND CONDITIONS

- The Premium and the Sum Assured stated above is based on the information provided. They may vary as a result of underwriting.
- For details of the above benefits, please read the sales literature provided.
- Since some of the benefits are subject to maximum limits, please contact your financial consultant for more details.
- The quoted premium is not guaranteed as premium rates for new policies can change in the future. However, once a policy is issued the premium will stay constant during the life of that policy.
- Any statutory levy or charges including any indirect tax may be charged to the Policyholder either now or in future by the Company and such amount so charged shall become due and payable and shall be subject to the same terms and conditions as applicable to payment of premium.
- Insurance is a subject matter of solicitation.

Financial Consultant's Signature: *CHETAN KISHOR NARDA*
Financial Consultant's Name: CHETAN KISHOR NARDA
Financial Consultant's Code: A0017960

Customer's Signature:

[Signature]
[PRAMOD-S] [MANJU-M-K]
12/13/2006

file://C:\Documents%20and%20Settings\pramod.s\Local%20Settings\Temp\C.Lotus.Not... 12/13/2006

Business Development Manager's Name: *ASHISH K.*



Quotation for HDFC Term Assurance - Regular Premium
on 13 December 2006

PERSONAL DETAILS

	Name	Age	Gender
Life 1	PRAMOD S	31	M
Life 2	MRS MANJU	31	F

Age is taken as on last birthday

ILLUSTRATION OF FUTURE BENEFITS

This illustration has been produced by HDFC Standard Life Insurance Company Limited to help you understand the benefits of your HDFC Term Assurance - Regular Premium. These illustrations must be read in conjunction with the sales literature, which describes the features of this product.

All illustrations must include the following text specified by the Life Insurance Council
Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your life insurance company. If your policy offers guaranteed returns then these will be clearly marked "guaranteed" in the illustration table on this page.

If your policy offers variable returns then the illustrations on this page will show two different rates of assumed investment returns. These assumed rates of return are not guaranteed and they are not upper or lower limits of what you might get back as the value of your policy is dependent on a number of factors including future investment performance

All benefits under this Product are guaranteed, provided all premiums are paid, when they are due.

All amounts are in Indian Rupees.

Illustrative Benefits on Maturity

This is a pure cover plan. Hence it doesn't have any Maturity Benefit.

3



Illustrative Benefits on Death

On the death of the Life Assured (or either of the Lives Assured in the case of Joint Life policies) before the end of the policy term the illustrative benefits are as shown below.

	Guaranteed Benefit		Non-Guaranteed Benefit		Total Death Benefit	
	Guaranteed Benefit on Valid Claim	Assumed Investment Return	Assumed Investment Return	Assumed Investment Return	Assumed Investment Return	Assumed Investment Return
Main Benefit		6% p.a.	10% p.a.	6% p.a.	10% p.a.	
Term Assurance	2,500,000	0	0	2,500,000	2,500,000	

There are no bonuses payable on this benefit.

Upon this payment, the policy terminates and no further benefit becomes payable.

2



Illustrative Benefits on Surrender

This is a pure cover plan. Hence it doesn't have any Surrender Benefit.

The values shown are for illustration only.

If you would like help to understand this illustration, please speak to your Financial Consultant.

Financial Consultant's Signature: *[Signature]*

Customer's Signature:

Financial Consultant's Name: *CHERAN KISHOR NAEDR*

Financial Consultant's Code: *AD07760*

Business Development Manager's Name: *ASHISH K.*

PRA MOD.S

MANJ U.M.K

MER-1

Under the provisions of Section 45 of the Insurance Act, 1938, the Company is entitled to repudiate a policy on the ground that a statement made in the proposal or in any report of a medical officer or referee or friend of the insured or any other document made in connection with the policy was untrue or false, whether the supply of correct facts to the effect of the policy, and thereafter that if such facts or documents submitted were not a material cause or supervening fact, were material to disclose and if such fraudulently made and to policy holder knew that the statement was false or was material to disclose.



Proposal No. : 10615040
 Consultant's Code :
 Branch :
 27 DEC 2006
 10003448

RECEIVED
 27 DEC 2006

MEDICAL EXAMINER'S REPORT

Please read the following instructions before completing this report.

1. The Medical Examiner must ensure that the examinee answers all the questions in PART 1 and signs on page 3, before he begins examination.
2. In case where the examinee is not English literate, the medical examiner must complete Part 1 after getting answers from the examinee. The examiner must also sign the declaration on page 3.
3. Please note that this Medical Examination Report is not complete without (1) and (2) above.

Name of examinee	PRAMOD S	Date of Birth	
Address	TB-102, ANAND VIHAR, TOLICHOWKI, HYD-08	18-02-1975	

PART 1 - TO BE FILLED IN BY THE EXAMINEE

All questions must be answered.

Family History

	Age	Present state of health	Age at death, if dead	Cause of death
Father	-	-	49	Heart Attack
Mother	58	Good		
Brother(s)	34 28	Good "		
Sister(s)				

1. Personal History (Please answer by ticking the box.)

- | | | |
|---|------------------------------|--|
| a) Are you suffering from any disease currently? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b) Are you currently or have you recently been taking medicines, pills or drugs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Have you ever taken drugs other than prescribed by a Doctor? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Have you undergone - any type of X-ray examination, electrocardiograph, laboratory/pathological test or other special investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If answer to any question is 'Yes' then, please provide details:

e) Have you ever had any of the following diseases (or symptoms)? (Please answer by ticking the box.)

Disease	Yes	No
i) Depression, insomnia, exhaustion, alcoholism, anxiety state or nervous breakdown, fits, blackouts, giddiness or migraine, or other mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii) Bronchitis, asthma, pneumonia or pleurisy, tuberculosis or any other affliction of the lungs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii) Rheumatism, gout, backache, disc or any muscular, bony or joint problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv) Fainting, palpitation, undue shortness of breath, chest pain, rheumatic fever, raised blood pressure or any other affliction of the heart or circulatory system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Persistent or recurrent indigestion, gastric or duodenal ulcer, gallstones or any disease of the stomach, bowels or liver?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vi) Any affliction of the kidneys or bladder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vii) Diabetes or any abnormality of the urine, e.g. sugar, albumin or blood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
viii) Any condition of the eyes or vision (not wholly corrected by spectacles)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ix) Any condition of the ears, hearing or balance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x) Any surgical operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xi) Have you ever suffered from psoriasis, eczema, dermatitis, lumps, moles or any other skin condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xii) Have you ever suffered from any disease of the external genital organs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xiii) Have you suffered from or are you currently afflicted with piles or fistula?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xiv) Have you ever suffered from or had medical advice or tests in connection with any form of sexually transmitted disease, hepatitis or AIDS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If answer to any of the above questions is 'Yes', then please complete the following:

(a) Nature and details of illness or other condition:

(b) Dates and duration:

(c) Time off work:

(d) Doctor and/or Hospital attended:

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For female applicants only:
(Please answer by ticking the box.)

	Yes	No
i) Do you have any menstrual irregularity?	<input type="checkbox"/>	<input type="checkbox"/>
ii) Have you been treated or undergoing treatment for any lump, tenderness, free fluid, or any abnormality in the abdomen or pelvic region?	<input type="checkbox"/>	<input type="checkbox"/>
iii) Have you had any past history of disease of uterus, cervix, or ovaries?	<input type="checkbox"/>	<input type="checkbox"/>
iv) Have you had any history of any weakness or injury resulting from childbearing or miscarriage?	<input type="checkbox"/>	<input type="checkbox"/>

If answer to any of the above questions is "Yes", then please complete the following:

(e) Nature and details of illness or other condition:

(f) Dates and duration:

(g) Time off work:


(h) Doctor and/or Hospital attended:

Habits	
a) Please state your current Alcohol consumption if any, in units per week. (1 unit is equivalent to 1 small bottle of beer, 1 glass of wine or 1 measure of spirits)	N/A
b) Do you consume or smoke any form of Tobacco?	Yes/No
If "Yes", please give details of how much is consumed per day.	

Please state the name and address and Tel. No. of your usual Doctor.

NIL

Declaration
I hereby declare that to the best of my knowledge and belief all the answers are true and complete, and that they shall be held to form part of the application for insurance now being made on my life with HDFC Standard Life Insurance Company Limited.

Signature of the examinee 

Date 24/12/2006

If the examinee is not English literate, the examiner must sign the declaration provided below.

I hereby declare that I have fully explained the above questions to the examinee in the language that is understood by him and I have truthfully recorded the answers given by the examinee.

Signature of medical examiner: Date

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e) Have you ever had any of the following diseases (or symptoms)?
(Please answer by ticking the box.)

Disease	Yes	No
i) Depression, insomnia, exhaustion, alcoholism, anxiety state or nervous breakdown, fits, blackouts, giddiness or migraine, or other mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii) Bronchitis, asthma, pneumonia or pleurisy, tuberculosis or any other affliction of the lungs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii) Rheumatism, gout, backache, disc or any muscular, bony or joint problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv) Fainting, palpitation, undue shortness of breath, chest pain, rheumatic fever, raised blood pressure or any other affliction of the heart or circulatory system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Persistent or recurrent indigestion, gastric or duodenal ulcer, gallstones or any disease of the stomach, bowels or liver?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vi) Any affliction of the kidneys or bladder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vii) Diabetes or any abnormality of the urine. e.g. sugar, albumin or blood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
viii) Any condition of the eyes or vision (not wholly corrected by spectacles)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ix) Any condition of the ears, hearing or balance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x) Any surgical operations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
xi) Have you ever suffered from psoriasis, eczema, dermatitis, lumps, moles or any other skin condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xii) Have you ever suffered from any disease of the external genital organs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xiii) Have you suffered from or are you currently afflicted with piles or fistula?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xiv) Have you ever suffered from or had medical advice or tests in connection with any form of sexually transmitted disease, hepatitis or AIDS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If answer to any of the above questions is 'Yes', then please complete the following:

- (a) Nature and details of illness or other condition:
Surgery - As part of delivery
- (b) Dates and duration:
05/03/2003
- (c) Time off work:
- (d) Doctor and/or Hospital attended: *PNM hospital, Travancur, Kerala*

22
For female applicants only:
(Please answer by ticking the box.)

	Yes	No
i) Do you have any menstrual irregularity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii) Have you been treated or undergoing treatment for any lump, tenderness, free fluid, or any abnormality in the abdomen or pelvic region?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii) Have you had any past history of disease of uterus, cervix, or ovaries?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv) Have you had any history of any weakness or injury resulting from childbearing or miscarriage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If answer to any of the above questions is 'Yes', then please complete the following:

- (e) Nature and details of illness or other condition:
(f) Dates and duration:
(g) Time off work:
(h) Doctor and/or Hospital attended:

Habits

a) Please state your current Alcohol consumption if any, in units per week. (1 unit is equivalent to 1 small bottle of beer, 1 glass of wine or 1 measure of spirits)	<i>No</i>
b) Do you consume or smoke any form of Tobacco?	<i>Yes/No</i> ✓
If "Yes", please give details of how much is consumed per day.	

Please state the name and address and Tel. No. of your usual Doctor.

N/A

Declaration

I hereby declare that to the best of my knowledge and belief all the answers are true and complete, and that they shall be held to form part of the application for insurance now being made on my life with HDFC Standard Life Insurance Company Limited.

Signature of the examinee

Date *24/12/06*

If the examinee is not English literate, the examiner must sign the declaration provided below.

I hereby declare that I have fully explained the above questions to the examinee in the language that is understood by him and I have truthfully recorded the answers given by the examinee.

Signature of medical examiner.....

Date