

Authority Letter for Cash Deposit

To,
The Manager,
HDFC Standard Life Insurance Company Limited

Date: DD/MM/YYYY

Branch Address

Dear Sir/Madam,

I, Mr/Ms/Mrs. _____ hereby authorise
Mr/Ms/Mrs. _____ to deposit an amount of INR
_____ by cash on my behalf at HDFC Life branch towards the proposal / Policy number
_____ taken by me. I am unable to visit the branch personally because _____
(Reason) _____.

Details of cash deposit

Denomination	Amount (INR)
1000 X	
500 X	
100 X	
50 X	
20 X	
10 X	
5 X	
Coins	
Total	

Payment for:

- New Application Rate Up Bounce Renewal
 Bima Bachat Revival/Reinstatement Top-up
 Short payment

Agent Licensing:

- Application Fees Exam Fees License Fees
 Franking Fees Training fees

PAN No: _____

INR in words _____

Depositor's contact no.: _____ Email ID: _____

Address: _____

If the depositor is an employee/FC, then please mention the employee/FC code _____

SIGN HERE

(Signature of the proposed Policyholder /Policyholder)

SIGN HERE

(Signature of the Depositor)

Declaration to be made by Third party where, the Policyholder 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 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 : _____

Address : _____

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

HDFC Standard Life Insurance Company Limited. In partnership with Standard Life Plc. CIN:U99999MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, Call **1860-267-9999** (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available all days from 9am to 9pm | Email – service@hdfclife.com | NRIservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com

For Office use only

Branch Name: _____ FC/SDM/BDM Name: _____

Client ID: _____ Received Date: _____ Receipt No: _____

Receiver's Name: _____ Receiver's Signature: _____