

# Customer Consent Document (CCD) - Other Banks

**Avoid Policy Rejection.**  
**Fill out this form carefully.**



### Application Number

(Electronic proposal form ID number)

Application Number input field

I, HDFC Life agent have ensured that this form is completed after discussing and agreeing on the proposed insurance plan

### SPECIFIED PERSON'S SIGNATURE<sup>5</sup>

Signature box for specified person

### Type of Insurance Plan:

(tick correct option)

Protection  Investment  Pension  Savings  Health Cover

- Name of Insurance Plan \_\_\_\_\_
- The premium payable is ₹ \_\_\_\_\_ on a (S/M/Q/HY/Y) frequency for a premium paying term of \_\_\_\_\_ years.
- This is a  Regular  Single premium plan The Sum Assured is ₹ \_\_\_\_\_
- Have you filled the electronic proposal form / has a third party or sales official assisted you in filling the proposal form vide above application number?  (tick if yes)
- Do you agree to the Illustration signed by you / received by you on your email ID with above application number?  (tick if yes)
- Do you agree to all the Terms and Conditions mentioned in the electronic proposal form vide above application number?  (tick if yes)

Have you understood these Policy details:

<b>DEATH BENEFIT</b> <input type="checkbox"/> (tick if yes)	<b>MATURITY BENEFIT<sup>#</sup></b> <input type="checkbox"/> (tick if yes)	<b>LOAN DETAILS<sup>#</sup></b> <input type="checkbox"/> (tick if yes)
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- Have you understood the Policy provisions with regard to Pre-Closure/Surrender?#  (tick if yes) #These are not applicable for Term Policies
- This application is for a fresh insurance Policy and is not linked with any previous insurance Policy or any other financial products like credit card, loan, etc  (tick if yes)

For Unit Linked Policy (ULIP), have you understood: DEDUCTIBLE CHARGES  (tick if yes) PARTIAL WITHDRAWAL FACILITY  (tick if yes)

I / We have been explained the features of this plan and understand that this is not a Fixed Deposit or Recurring Deposit but an Insurance Plan. I / We understand that the returns in Unit Linked Products may not be guaranteed and are subject to investment risks associated with capital markets.

Are you a tax resident of India only as per the Indian Income-tax law?  Yes  No (If No, please submit relevant documents)

I would like to receive a Dematerialized Policy  Yes  No (If Yes, please submit relevant documents)

I agree and understand that the insurance plan purchased is on the basis of the need analysis done and as suggested by the Bank's Suitability Matrix.

I understand that I may receive calls from HDFC Life in relation to insurance Policies. I give my consent to HDFC Life to make such calls even when I am registered on NDNC registry.

I allow HDFC Life to use my Bank account details shared by me via cancelled cheque or NEFT details provided by Sourcing Channel for any future payouts.

I / We agree that the answers to the above questions are true and that this addendum forms a part of the proposal / contract between me/us and HDFC Life. I / We give consent to allow Sourcing Channel to furnish my contact credentials (address, contact no., email ID & income) as per their/his/her records & vice versa. I declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Life to be Assured 1: Life to be Assured 2  / Proposed Policyholder  / Appointee\*  (In case of joint life proposal) (If different from life to be assured) (Nominee/beneficiary is a minor)

Please affix passport size photograph

Ensure you know all Policy details CUSTOMER SIGNATURE

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Please affix passport size photograph

CUSTOMER SIGNATURE

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

\* In case the nominee / beneficiary 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. (Please attach appointee declaration for Employer-Employee case)

### SI/ECS/NACH Mandate

HDFC Life UMRN FOR OFFICE USE ONLY Date DD MM YYYY

Sponsor Bank Code HDFC 000060 Utility Code HDFC00188000008076

I/We hereby authorize HDFC LIFE to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/OTHER

Bank a/c number \_\_\_\_\_

with bank Name of customers bank IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_

FREQUENCY  MONTHLY  Qtrly  H.Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference No. 1 Application No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Reference No. 2 FOR OFFICE USE ONLY Email ID \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD	Signature Primary Account holder	Signature Primary Account holder	Signature Primary Account holder
From DD MM YYYY	_____	_____	_____
To XX XX XX XX	_____	_____	_____
Or <input checked="" type="checkbox"/> Until Cancelled	1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

This is to confirm that the declaration/terms has been carefully read, understood and made by me/us. I am authorizing the User entity/corporate to debit my account. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate of the bank where I have authorized the debit

Application No.: My MIX Code: **PAYMENT DETAILS**

- **Mode of Payment:** Cheque  DD  Net Banking  Debit Card  Online/Offline Credit Card  Cash  Others  please specify ^Maximum limit of cash that is accepted per customer per financial year is ₹50,000.
- **Initial Payment has been made from account / Debit Card / Credit Card that belongs to:**  
Self  Spouse  Parent  Children  Sibling  Grandparent  Partnership  Company   
HUF  Trust  Others  please specify
- **In case of Third Party Payor, enclosing** Third Party Declaration & KYC

**DECLARATION BY SPECIFIED PERSON**

- Employee Code:  DD/ Cheque / Credit Card No.
- Premium amount is in line with the customer's profile: Yes
- Policyholder (proposer if different from Policyholder) is KYC / AML compliant with us: Yes
- Customer's income declared for the investment is in line with the profile of the customer: Yes
- Customer's signatures on the proposal matches with our records: Yes

Name SP Code SIGNATURE<sup>5</sup>**DECLARATION BY SUPERVISOR**

I hereby confirm that the proposal is complete in all respects and relevant documents have been obtained and verified as per the available records with the branch. The solicitation of the proposal is as per customer's needs.

Bank's Branch Manager/ Supervisor

Name Code 

STAMP

SIGNATURE

**DECLARATION BY SALES CONSULTANT & THIRD PARTY**

- I hereby declare that I have explained the contents of this application form and I have also explained all the important features of the HDFC Life insurance plan to address the customer's need. I have thereby ensured that the same is completely understood by 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 / proposed Policyholder has signed / affixed his / her thumb impression in my presence.

**Sales Consultant:**Name: Code: Date:  Place: **Third Party:**Name: Address: Date:  Place: SIGNATURE<sup>5</sup>

SIGNATURE

<sup>5</sup> FLS / Hierarchy to fill in & sign the form, if SP is the life to be assured.

Note: Please Fill Consultant Confidential Report (CCR) on POS

**Renewal Payment has been made from account / Debit Card / Credit Card that belongs to:**

- Self  Spouse  Parent  Children  Sibling  Grandparent  Partnership  Company   
HUF  Trust  Others  please specify

**DECLARATION:**

1. I/ We hereby declare that the particulars given above are correct and complete. 2. I/ We hereby declare that in case of a third party account holder, a KYC form of the account holder shall be submitted. 3. I/ We undertake to keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/ We hereby authorise the Bank / Tech Process Solutions Ltd / Bill desk / any other intermediaries to communicate my / our funding account number and any other account details (as may be necessary) to HDFC Life Insurance Company Limited (HDFC Life) for the specific purpose of recovering my/ our HDFC Life premium payments through a debit instruction to my/ our account. 5. I/ We hereby authorise HDFC Life, in the instance of the ECS/SI/DD/NACH failing for any reason, to authorise the Bank/ Tech Process Solutions Ltd /Bill desk to recover the premium payable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold HDFC Life, the Bank or the other Intermediaries responsible. 7. I/ We agree that for changing the premium amount as per my requirement, I/ We will furnish a fresh mandate for such change in the premium amount, which will supersede all other mandates previously given. 8. I/ We agree that in the event of any violation by me/ us of any undertaking confirmed in the agreement herein, shall amount to an event of default in the terms of the Insurance Policy and HDFC Life shall be entitled to invoke the remedies available to it in terms of the Policy agreement. 9. I/ We agree that in the event of the Bank being unable to debit my account for want of sufficient funds or for any other reason, HDFC Life shall be entitled to deal with my Policy in the manner as described in the Policy provisions, unless the payment is received by any alternate mode on or before the specified date. 10. I/ We hereby authorise my/ our Bank to debit my/ our account with the amount of service tax and other levies as may be stipulated by the Government, from time to time, on the premium stated above and for this purpose, no further or revised authority is required by my/ our Bank. 11. I/ We hereby authorise that in the instance of a transaction failure towards an ECS request, HDFC Life can represent twice the transaction to my /our account for realising this premium. 12. I/ We wish to avail the ECS/SI/DD/NACH facility and hereby express my unconditional consent to debit premium of my Policy to above through participation in Electronic Clearing System (ECS)/ Direct Debit. I/ We understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time. 13. I/ We understand and accept that the transaction will be effected on the Policy on the due date (provided the day is a working day). I/ We agree to discharge the responsibility expected of me/ us as participants under the scheme. I take full responsibility of correctness of the details filled herein. 14. I/ We authorise the above mentioned bank to debit my bank account if my/our ECS mandate is active and until I give a written request for cancellation of ECS/SI/DD/NACH. 15. In the future, if I/ We opted out of ECS/Direct Debit mode there may be an increase in premium amount. 16. I/ We understand and agree that the submission of this form does not mean that the request will be processed. I/ We understand that any payout under the Policy shall be strictly in accordance with the Policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium payment. 17. I/ We also understand and agree that the Company reserves the right to use any payout option. 18. For SI with HDFC Bank/Ratnakar Bank, premium will be debited from your account on the debit date. However, if the 1st attempt is unsuccessful, 3 more attempts will be made within grace period. 19. I/ We authorise the above mentioned bank to debit the amount from my bank account if my ECS/SI/DD/NACH is active, until I give a written request for cancellation of the Mandate.

**Important Note:**

1. Any cancellation, correction, alteration etc. should be countersigned by the Account Holder. 2. For SI cases (HDFC Bank/Ratnakar Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 3. For ECS, NAV would be allocated on the basis of the debit date. 4. Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India, Axis Bank, Punjab National Bank and JSK Bank only. 5. For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account. 6. Request for de-activation of Auto debit facility has to be submitted at least 15 days prior to the next premium due date. 7. The premium will be debited starting from the premium due date which occurs after the date of this mandate. Till the last premium due date unless the mandate is revoked. 8. In case of any increase or decrease in premium amount due to changes in payment frequency or any Policy related changes including reduction in premium\*, the existing debit instruction will be de-activated. Hence, a fresh Auto Debit Mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium due date. 9. In case of PBD option the NAV will be allocated as per preferred billing date and not premium due date. 10. Grace period in case of PBD will start from premium due date only and not from Preferred billing date.

\* Reduction in premium is a product-specific alteration.

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

Regd. Off: Lodha Excelus, 13<sup>th</sup> Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011. For queries or more information, call us on 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](mailto:service@hdfclife.com) | [NRIservice@hdfclife.com](mailto:NRIservice@hdfclife.com) (For NRI customers only) | Visit - [www.hdfclife.com](http://www.hdfclife.com)