



**9. NPO Declaration:** Is payor a Non-Profit Organisation? :  Yes  No



(NPO stands for Non Profit Organisation. It can be in different form, depending upon the jurisdiction and legal system. In India, NPOs can be registered as 1)Trust 2)Society 3)Section 25 companies under Company Act, 1956)

**DECLARATIONS:**

I hereby declare that,

1. The first premium has been paid out of legally declared and assessed sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed sources of income. 2. I will provide information as and when required by the company, acting on its own or under any order or instruction received from Statutory Authorities, with regard to sources of funds or utilizations or withdrawals. 3. I agree to the Company providing any information related to me as available to the Company at any time, to any Statutory Authority in relation to the laws governing prevention of money laundering, applicable in the country. 4. I understand that the Company classifies its customers under various categories of risk for the purposes of complying with the laws governing prevention of money laundering and I confirm that I do not have any objections to the same. 5. I understand that the Company has the right to peruse my financial profile and also agree that the Company has right to cancel the Insurance contract in case I have been found guilty of any of the provisions of any Law, directly or indirectly, having relation to the laws governing prevention of money laundering in the country, by any competent court of law. 6. I am aware that the benefits under this Policy are payable in accordance with the Policy terms and conditions.

Date: DD/MM/YYYY

SIGN HERE

Payor Seal, if applicable

Signature of Payor / Authorised Signatory

**Know Your Customer - Addendum** (to be filled by the Proposer/Policyholder)



I, <Salutation>. <PH First Name> <PH Last Name> hereby confirm that <Salutation>. <Payor First Name> <Payor Last Name> is paying on my behalf for the above mentioned application.

Name of the Proposer/Policyholder: <Salutation>. <PH First Name> <PH Last Name>

Date: DD/MM/YYYY

Place: \_\_\_\_\_

Signature

SIGN HERE

**Declaration to be made by third party where:**



The Policyholder has affixed his/her thumb impression or has signed in vernacular or has not filled the application.

I hereby declare that I have explained the contents of this application form to the Proposer/Policyholder in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the proposer/Policyholder has signed or affixed his/her thumb impression in my presence.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature: \_\_\_\_\_

SIGN HERE

Address: \_\_\_\_\_

**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)