

**Mandate Deactivation Request Form**

For Official Use Only  
Branch: \_\_\_\_\_  
Received at branch on: \_\_\_\_\_  
Received by: \_\_\_\_\_

**Part I - Personal Details**

Policy Number: \_\_\_\_\_ E- Insurance Account No.: \_\_\_\_\_

Name of the Policyholder: \_\_\_\_\_

Contact\* No.: (Res) \_\_\_\_\_ / (Office) \_\_\_\_\_ / (Mobile) \_\_\_\_\_ (mobile no. is preferable)

Permanent Account Number (PAN): \_\_\_\_\_ Aadhaar Number: \_\_\_\_\_

Email ID\*: \_\_\_\_\_

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

**Part II - Instructions**

1. Request for deactivation needs to be submitted 15 days prior to the debit date.
2. If the request is given within 15 days from the debit date, then the premium will be debited as per the existing mandate on the debit date and shall be deactivated from the next due date.
3. Mandate Deactivation request stands confirmed only once the request is complete in all aspects and the same is accepted and processed by us.
4. On deactivation of the auto debit facility, the discount on premium (if applicable as per the product feature) will be discontinued.
5. Assignee's details, registered stamp (where applicable) and signature are mandatory in case of assigned policies.

Reason for deactivation: \_\_\_\_\_

- Policy No. 1: \_\_\_\_\_
- Policy No. 2: \_\_\_\_\_
- Policy No. 3: \_\_\_\_\_

Date: DD/MM/YYYY Place: \_\_\_\_\_

SIGN HERE

Signature of Policyholder(s)

**For Assigned Policies:-**

Name of the Assignee \_\_\_\_\_

SIGN HERE

HDFC Life Stamp

Date: DD/MM/YYYY Place: \_\_\_\_\_

Assignee's Stamp and Signature:

**Part III - Declaration made by third person where the Policyholder has affixed his/her thumb impression/has signed in vernacular**

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained 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 of the Declarant: \_\_\_\_\_

SIGN HERE

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

Date: DD/MM/YYYY Place: \_\_\_\_\_

Signature of Third Person

**Office Use Only:**

Type of Deactivation Request:  (SI)  (ECS)  (Credit Card)  (Direct Debit)

Request Form assigned by Policyholder: (Yes/No) Interaction IDs: \_\_\_\_\_

Signature verified:  Yes  No

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

HDFC Standard Life Insurance Company Limited. In partnership with Standard Life PLC. IRDAI Registration No. 101.  
Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.  
CIN:U99999MH2000PLC128245.

**Customer Acknowledgement Copy - Mandate Deactivation Request Form**

Policy No.: \_\_\_\_\_ Interaction ID Nos: \_\_\_\_\_

HDFC Life Stamp

Policyholder's Name: \_\_\_\_\_

Customer Relations Officer: \_\_\_\_\_ Date: DD/MM/YYYY Time: \_\_\_\_\_

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Call 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 | NRIservice@hdfclife.com (For NRI customers only) Visit - www.hdfclife.com. CIN:U99999MH2000PLC128245.