

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.