

Specimen Signature Format

(A single request form will apply to all Policies)

For Official Use Only

Branch Name: _____

Received at branch on: _____

Received by: _____

**PERSONAL DETAILS**

Policy Number: _____ Email ID *: _____

Policyholder's Name: _____ (First Name) _____ (Middle Name) _____ (Last Name)

Contact* No.: (Res) _____ / (Office) _____ / (Mobile) _____ (Mobile No is preferable)

* Contact details provided herein will be updated for all future communications. For the customers registered under National Do Not Call Registry, this response will be treated as valid discharge.

Declaration of Life to be Assured/Life Assured

I hereby declare that my specimen signatures in short, full, vernacular language and in all different styles are as under.

English (Full): 1. _____	English (Short): 1. _____
Vernacular: 1. _____	
Other Styles: 1. _____ 2. _____ 3. _____	

Yours faithfully

SIGN HERE
SIGN HERE

(Signature of the Life Assured)

(Signature of the Life Assured-Joint life only)

Date: DD/MM/YYYY Place: _____

Date: DD/MM/YYYY Place: _____

Declaration of the CFC/BDM/CAM

I Mr./Ms. _____, Agency code _____

hereby attest and declare that the Life Assured/Life to be Assured has signed in my presence.

Attestation by CFC/BDM/CAM

Date: DD/MM/YYYY Place: _____

Declaration to be made by a third person where:

- The Life to be Assured/Life Assured has affixed his/her thumb impression; OR
- The Life to be Assured/Life Assured has signed in vernacular; OR
- The Life to be Assured/Life Assured has not filled the application.

I hereby declare that I have explained the contents of this application form to the Life to be Assured/Life Assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the Life to be Assured/Life Assured has signed/affixed his/her thumb impression in my presence.

Date: DD/MM/YYYY Declarant Address: _____

SIGN HERE

Declarant Signature

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.**Customer Acknowledgement Copy (Specimen Signature Format)**

Policy No.: _____ Policyholder name: _____

Customer Relations Officer

Date:

Time:

Branch Stamp
View Premium Calendar, Pay Premium Online, Track fluctuations in the Fund Value, Print your Annual Premium Statement & lots more! Visit www.hdfclife.com and register for My Account today!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 - (For NRI customers only) service@hdfclife.com | NRIservice@hdfclife.com | Visit - www.hdfclife.com