

Know Your Customer - Addendum

(For Third Party Payment)



Instructions

1. Details required to be provided are of the Payor paying the premium on behalf of the Policyholder.
2. All points are mandatory.
3. Any cancellation or overwriting needs to be countersigned by the said person.

Affix recent
photograph of
payor

Photograph to be
signed across by
the payor

Application/Policy No.: _____

1. Details

Name of the payor: _____

Payor Category

Individual* Company Partnership HUF Trust

Others (Please specify) _____

Name of the Authorised person in case of Company/Partnership/HUF(Karta)/Trust: _____

* Acceptable relations who can be payors are spouse, parents, children, siblings and grandparents

Communication/Registered Address of the Payor: _____

City: _____ State: _____ Pin Code: _____

Mobile No.: _____ - _____ Email: _____

Payment Details

Cheque/DD Fund Transfer Direct Debit NetBanking Debit/Credit Card

Cheque No.: _____ Cheque Date: _____ Amount: INR _____

This is to certify that I am paying this premium on behalf of <PH First Name> <PH Last Name> related to me as my
<mention relation> due to _____ <Reason>

Proof of Identity

Document submitted for Identity Proof: _____

Proof of Residence

Document submitted for Residence Proof: _____

If the residential proof provided is other than that of Self, Spouse or Father, then please state -

A. Name of the owner of the residence: _____

B. Relationship of the Payor with the owner of the residence: _____

Permanent Account Number (PAN) details (Please tick mark)

PAN:

(If No, please tick relevant option)

Form 60

NRI declaration

Current gross total income from all sources is INR _____ per annum.

NPO Declaration

Is the 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 forms under Company Act, 1956)

Are you a Non Resident Indian (NRI)? Yes No

If 'Yes', Please state the current country of residence _____

Are you a "Politically Exposed Person"? Yes No

Definition of a "Politically Exposed Person":

A "Politically Exposed Person" is a person who performs important functions for the state. This would include individuals who have or have had positions of public trust such as government officials, senior executives of government corporations, politicians, important political party officials, member of parliament, member of legislative assembly, etc. and their families and close associates.

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. 7. I am aware that the premiums paid under this policy will get tax benefit, under section 80C of the Income-tax Act, 1961 ('the Act'), only if paid towards the life of self (individual), spouse and any child of such individual or any member of an HUF, or under section 80D of the Act if paid towards health insurance for self (individual), spouse, dependent children and parents of an individual or any member of an HUF. These tax benefits are subject to the terms and conditions stated under the Income-tax Act, 1961.

Date: DD/MM/YYYY

Place: _____

SIGN HERE

Signature of
Payor / Authorised Signatory

Payor Seal, if applicable

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

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

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

Date: DD/MM/YYYY

Place: _____

SIGN HERE

Signature of Proposer/Policyholder

The policyholder/Payor 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/Payor in _____ language and have truthfully recorded the answers provided to me. I further declare that the Proposer/Policyholder/Payor has signed or affixed his/her thumb impression in my presence.

Name: _____

Address: _____

Date: _____ Place: _____

SIGN HERE

Signature of Third Person

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, 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 | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com