

**DECLARATION In Lieu of PAN Card**  
**Form to be filled by the person who does not have a PAN Card**

I, \_\_\_\_\_ Policyholder First Name \_\_\_\_\_ Policyholder Middle Name \_\_\_\_\_ Policyholder Last Name \_\_\_\_\_

Residing at \_\_\_\_\_  
\_\_\_\_\_

do hereby declare that I am applying for Life Insurance under application number \_\_\_\_\_ having annual premium of \_\_\_\_\_ and understand that I am required to submit a copy of the Permanent Account Number (PAN Card) under Insurance Regulatory Development Authority (IRDAI) guidelines.

I have not applied for a PAN Card as I am a Non-Resident.

I further declare that what is stated above is true and in the event it is found to be incorrect, I take complete responsibility for the consequences.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ Place: \_\_\_\_\_ Signature:

**Declaration to be made by a third person where:**

The life assured has affixed his/ her thumb impression/ has signed in vernacular/ has not filled the application. I hereby declare that I have explained the contents of this application form to the life to be assured in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/ affixed his/ her thumb impression in my presence.

Declarant Name: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature:

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

**NOTE:**

With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Pls update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.

**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 |

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