

I/We do hereby declare that I/We have received a loan from M/s _____ (“Master Policyholder”). In order to secure the said loan I/We have taken the above referenced policy from HDFC Life Insurance Company Limited (“HDFC Life”). In consideration of receiving the said loan I/We hereby authorize HDFC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Signature/Thumb impression of Witness*
Name & Address _____
Member
Occupation _____

Signature / Thumb Impression
of the Primary Insured Member

Signature / Thumb Impression
of the Secondary / Joint Insured

Date & Place: _____

Date & Place: _____

* Witness Signature, Address and Occupation is along with signature of Insured Member

Declaration made by Declarant where Member has:

a) affixed his/her thumb impression; OR b) signed in vernacular; OR c) not filled the application

“I hereby declare that I have fully explained the above questions and contents of the Member Enrollment Form to the Member and the Joint Life Assured (if any) and I have truthfully recorded the answers given by the Member and the Secondary / Joint Life Assured (if any) and that the Member and the Secondary / Joint Life Assured (if any) has affixed the thumb impression above after fully understanding the contents thereof.”

Signature of the Declarant
Name of the Declarant _____

Address of the Declarant _____
Occupation of the Declarant _____

Signature of the Witness
Name of the Witness _____

Address of the Witness _____
Occupation of the Witness _____

“I/We certify that the contents of the form and documents have been fully explained to me by Mr. / Mrs.: _____ and I/We have understood the significance of the proposed contract.

Signature/Thumb impression of Member _____

Name, of Declarant _____

Signature / Thumb Impression of the Secondary/ Joint Life Assured (if any)

Designation of Declarant _____

Occupation of Declarant _____

Declaration made by Legal Guardian if any of the Member or Joint Life Assured is a minor: I/We hereby declare that the content of the form and document filled up by the Member or Joint Life Assured is accurate and true to my/our knowledge.

Signature / Thumb Impression of the
Legal Guardian (if Member is a Minor)

Signature / Thumb Impression of the
Legal Guardian (if Secondary / Joint Life Assured is a Minor)