

We understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. If any untrue statement are contained herein or there has been any non disclosure of any material fact, the policy to be issued by the insurer in the name of the policyholder may be treated as void as far as we are concerned.

We confirm that we have read and understood, the rules and any additional rules of the plan, the standard Policy provisions and any additional provisions that govern the policy to be issued by insurer in the name of the policyholder and on our life, and we agree and confirm that the same shall be binding on us. We authorise the policyholder to disclose to the insurer such particulars as they may require including the details given above and any changes to the same pay the premium payable on our behalf /collected from us to the Insurer. I understand that any statutory levy or charges including any indirect tax may be charged to us either now or in future by the insurer and we agree to pay the same. We understand that HDFC Life Insurance Company Limited has the right to reject a proposal without giving reasons thereto and client to give an undertaking thereof that they shall not raise any claims thereof. We understand the significance of the contract and the contract will be governed by the provisions of the Insurance Act 1938 as amended from time to time and that the same will not commence until written acceptance of this application by Insurer issue on its normal terms and conditions is received.

Signature/Thumb impression of Witness*
Name & Address _____

Signature / Thumb Impression of the Primary Life
Assured Member
Date & Place: _____

Signature / Thumb Impression of the Secondary Life
Assured Member
Date & Place: _____

Occupation _____

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

Declaration to be made by a 3rd person where: a) The insured member has affixed his/her thumb impression; OR b) The insured member has signed in vernacular; OR c) The insured member has not filled the application.

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

Name and address of Declarant _____

Signature of the Declarant

Declaration made by life to be assured: I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/Thumb impression of life to be assured
Note: PLEASE DO NOT SIGN BLANK FORM