We thank you for applying for an HDFC Standard Life Insurance Policy. To enable us to assess your application, kindly send this Oil and Natural Gas / Oil Rig Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

<table>
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<tr>
<th>Application No / Proposal No</th>
<th>Name of Life to be Assured</th>
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1. Are you based offshore or do you expect to be based offshore in the future? | Yes / No |
2. Do you ever travel to and from rigs by helicopter? | Yes / No |
   If yes, please specify the total number of hours spent on flying (per year) from the shore to the rig and back. |
3. Do your duties involve working at heights? | Yes / No |
   If yes, please mention height in meters. |
4. Do your duties involve working underground? | Yes / No |
   If yes, kindly mention depth in metres. |
5. Do your duties involve underwater work? | Yes / No |
   If yes, please mention exact nature of duties. |
6. Kindly mention your exact designation from the following list. | Occupational Designation |
   - Barge master |
   - Captain, Cathead man, Cementer, Construction superintendent, Crane operator |
   - Derrick man, Driller |
   - Electric logger |
   - Field superintendent, Flame cutter, Floor man |
   - Gang Pusher |
   - Head Roustabout |
   - Marine Installation Fitter |
   - Pipe fitter, Pump man |
   - Rig electrician, Rig mechanic, Rigger, Roughneck, Roustabout |
   - Scaffolder, Sub-sea engineer |
   - Top man |
   - Watchman, Well logger, Welder cutter, Well pusher, Wire line operator |
6.a. If your occupational designation is not found in the above mentioned list, then kindly provide your exact designation. |
7. What percentage of your duty is manual or physical in nature?
8. Have you ever had any accidents associated with your occupation?  
Yes / No

If yes, kindly mention date(s) of accident met and extent of injuries suffered.

9. Have you ever had any illness caused on account of work or while your were working?  
Yes / No

If yes, please mention exact diagnosed condition.

❖ An incomplete Questionnaire will not be considered valid.

Declaration of Life to be Assured:
I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Standard Life Insurance Co. Ltd. and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression  
(Life to be Assured)  
Date:  Place:

Signature/thumb impression  
(Proposed Policy Holder if different from Life to be Assured)  
Date:  Place:

In the case of thumb impression/ signature in vernacular language:
In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in ________ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed/affixed thumb impression(s) above after fully understanding the contents thereof.

Signature  
Date:  Place:

Name and address of the declarant: ________________________________

In case of further clarification please contact your FC/ BDM/ CAM/ HDFCSL Branch office.