

**Specimen Signature Format**

(A single request form will apply to all Policies)

*For Official Use Only*

Branch Name: \_\_\_\_\_

Received at branch on: \_\_\_\_\_

Received by: \_\_\_\_\_



Sar utha ke jiyo!

**PERSONAL DETAILS**

Policy Number: \_\_\_\_\_ Email ID \*: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Contact\* No.: (Res) \_\_\_\_\_ / (Office) \_\_\_\_\_ / (Mobile) \_\_\_\_\_ (Mobile No is preferable)

\* Contact details provided herein will be updated for all future communications. For the customers registered under National Do Not Call Registry, this response will be treated as valid discharge.

**Declaration of Life to be Assured/Life Assured**

I hereby declare that my specimen signatures in short, full, vernacular language and in all different styles are as under.

English (Full): 1. _____	English (Short): 1. _____
Vernacular: 1. _____	
Other Styles: 1. _____ 2. _____ 3. _____	

Yours faithfully

SIGN HERE  

(Signature of the Life Assured)

Date: DD/MM/YYYY Place: \_\_\_\_\_

SIGN HERE  

(Signature of the Life Assured-Joint life only)

Date: DD/MM/YYYY Place: \_\_\_\_\_

**Declaration of the CFC/BDM/CAM**

I Mr./Ms. \_\_\_\_\_, Agency code \_\_\_\_\_

hereby attest and declare that the Life Assured/Life to be Assured has signed in my presence.

Attestation by CFC/BDM/CAM	Date: DD/MM/YYYY Place: _____
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Declaration to be made by a third person where:

- The Life to be Assured/Life Assured has affixed his/her thumb impression; OR
- The Life to be Assured/Life Assured has signed in vernacular; OR
- The Life to be Assured/Life Assured has not filled the application.

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

Date: DD/MM/YYYY Declarant Address: \_\_\_\_\_

SIGN HERE  

Declarant Signature

**HDFC Standard Life Insurance Company Limited.** In partnership with Standard Life Plc. CIN:U99999MH2000PLC128245. IRDAI Registration No. 101.  
**Regd. Off:** Lodha Excelus, 13<sup>th</sup> Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

**Customer Acknowledgement Copy (Specimen Signature Format)**

Policy No.: \_\_\_\_\_ Policyholder name: \_\_\_\_\_

Customer Relations Officer

Date:

Time:

Branch Stamp  
View Premium Calendar, Pay Premium Online, Track fluctuations in the Fund Value, Print your Annual Premium Statement & lots more! Visit [www.hdfclife.com](http://www.hdfclife.com) and register for My Account today!Call **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 – (For NRI customers only) [service@hdfclife.com](mailto:service@hdfclife.com) | [NRIservice@hdfclife.com](mailto:NRIservice@hdfclife.com) | Visit - [www.hdfclife.com](http://www.hdfclife.com)

Sar utha ke jiyo!