

MEMBER INFORMATION FORM REGULATED ENTITY

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member. Please do not sign blank Proposal form]

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Plan: ☐HDFC Life Group Jeevan Suraksha (Micro-Insurance Product) ☐ HDFC Life Group Suraksha (Micro-Insurance Product)						
Sum Assured (INR) 55000	`	m (INR) 91		Cover Tern	n (mths) 12	Moratorium Period (yrs) ☐☐
Premium Payment Option: Regular Single Limited Premium Payment Frequency: Single Yearly Half Yearly Quarterly Monthly						
Cover Type: Single Life □ Joint Life □						
Main Benefit:(level / decreasing) Interest Rate: □□% Extra Life Benefit □						
Walli Bellettt(level/	decreasing) microst Raic.	шш <i>7</i> 6				Extra Life Beliefit
Particulars of Member: Mr/Mrs. JAHIR HUSSIN A Date of Birth/Age(yrs): 14/03/1979 / 45						
Address: 34 BHARATHI NAGAR, UDUMALAIPETTAI PO TIRUPPURUDUMALAIPETTAI DIST, , UDUMALAIPETTAI, TAMIL NADU Gender: M						
Particulars of Joint Life Assured (if any): Mr/Mrs.						
Gender: M/F/Tg Relationship with MemberLoan Account No 1 Loan Account No. 2LoanType						
Particulars of Legal Guardian (if Member / Joint Life Assured is a minor): Mr/Mrs.						
Date of Birth/Age(yrs): dd/mm/yyyy / Gender: M /F/Tg Relationship with Member / Joint Life Assured						
Pan No.: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□						
Nominee / Appointee Details:						
Trommer, Tippomer 2 count	Name	Date of Birth	Gender	% Share	Contact No.	Relationship to
Naminas 1:	SARMILA BHANU		F	70 Share	Contact No.	
Nominee 1:	SARIVIILA DITANU	28/02/1985	Г			WIFE Member
Nominee 2:		dd/mm/yyyy				Nominee if nominee is below 18 yrs of age
Appointee:						Nominee if nominee is below 18 yrs of age
DECLARATION OF GOOD HEALTH						
1. Are you in sound state of health? ■ Yes □ No						
 Ale you in sound state of health? □ 165 □ 160 Have you ever undergone, or expect to undergo any surgical procedure for any illness, ailment, disease or disability? □ Yes ☑ No 						
3. Have you ever suffered from, or are suffering from any disease/ailment requiring any form of medication for more than 7 consecutive days, or been						
absent from work for more than 7 days? ☐ Yes ☑ No						
For Female Lives only:						
 Are you pregnant now? ☐ Yes ☐ No If response to Qn(1) if yes, please mention how many weeks (Please attach pregnancy questionnaire) 						
3. Have you ever suffered	d from any disease of the bro	east, uterus, cervix,	, ovaries or a	ny other part o	of the reproductive	system? Li Yes Li No
II Do you engage or intend to engage in any business, sport or occupation of a hazardous nature? □ Yes □ No						
III Do you have any history of conviction under any criminal proceedings in India or abroad? Yes No						
IV Have any proposal for insurance, or revival of policy on your life to this company or any other insurance company been postponed/declined/accepted on terms						
other than proposed? ☐ Yes ☑ No						
PAYMENT AUTHORISATION (if applicable) I do hereby declare that I have received a loan from M/s HDB FINANCIAL SERVICES ("Master Policyholder"). In order to						
						C Life"). In consideration of receiving
the said loan I 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.						
and comme processed paymone on mappening of the contingent event covered by the Oroup line insurance benefine I oney referenced above.						
Signature/Thumb Impression of the Memb						
Date & Place: 29/11/2024 13:41:56						
Declaration to be made by a 3rd person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR						
c) The Member has not filled the application.						
I hereby declare that I have explained the contents of this application form to the Member inlanguage and have truthfully recorded the answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.						
answers provided to me. I furth	ei deciare mai me Membe	ilias signeu/airixe	eu ms/ ner u	iumo impress	sion in my presen	ce.
Signature/Thumb impression of V	Vitness* Signature	of the Declarant	Name & A	ddress		
r						
		00/44/0004 4	0.44.			
	Date & Pla	ice: 29/11/2024 1	3:41:			
Occupation Self Employed						
* Witness Signature Address and Occ	unation is required along with o	onature of Member				
* Witness Signature, Address and Occupation is required along with signature of Member Declaration made by Legal Guardian if any of the Member or Joint Life Assured is a minor: I 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 knowledge.						
		ignature / Thumb	-		•	e / Thumb Impression of the
	Le	gal Guardian (if N	Member is a	Minor)	Legal Guardiar	n (if Joint Life Assured is a Minor)
					Note DI FAC	F DO NOT SIGN BLANK FORM