

MEMBER INFORMATION FORM – DOGH

REGULATED ENTITY

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member.

Please do not sign blank Proposal form]					
Plan:	☐ HDFC Life Group Credit Suraksha (Micro-Insurance Product) ☐ HDFC Life Group Jeevan Suraksha (Micro-Insurance Product)				
Sum Assu	red (INR)	Premium (INR)		Cover Term (yrs)	☐ 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 Ben	efit:(level/decreasing) Interes	st Rate: □□%			
Particulars of Member: Mr/Mrs. Date of Birth/Age(yrs): dd/mm/yyyy/ Address: Date of Birth/Age(yrs): dd/mm/yyyy/ Gender: M /F/Tg					
Particulars of Joint Life Assured(if any): Mr/Mrs. Description Description Date of Birth/Age(yrs): dd/mm/yyyy / Gender: M /F/Tg Relationship with Member Loan Account No Loan Type					
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/TgRelationship with Member / Joint Life Assured					
Nominee	/ Appointee Details:				
Nominee	Name .	Date of Birth	Gender	Contact No.	Relationship to Member
Appointe		dd/mm/yyyy	+		Nominee if nominee is below 18 yrs of age
прропис	с.	dd/IIIII/ y y y y			,
 Are you in sound state of health? ☐ Yes ☐ No Have you ever undergone, or expect to undergo any surgical procedure for any illness, ailment, disease or disability? ☐ Yes ☐ No 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: 1. Are you pregnant now? Yes No 2. If response to Qn(1) if yes, please mention how many weeks					
PAYMENT AUTHORISATION (if applicable) I do hereby declare that I have received a loan from M/s					
Signature/ Name & A	re/Thumb impression of Witness* Signature / Thumb Impression of the Insured Member				
Occupatio					
* Witness Signature, Address and Occupation is along with signature of insured Member					
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.					
-	address	ignature / Thumb Impression of Member^		Joint	/ Thumb Impression of the Life Assured^ (if any)
Occupatio	L n	Oate & Place:	_	Date & I	Place:
* Witness Signature, Address and Occupation is required along with signature of Member					
Declaration made by Member: 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 / Thum Me	nb Impression mber	of the Signa	ature / Thumb Impression of the Joint Life Assured (if any)
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.					
		Signature / Thumb Impr Legal Guardian (if Memb			ture / Thumb Impression of the lian (if Joint Life Assured is a Minor)
				Note: PLE	ASE DO NOT SIGN BLANK FORM