

## Policy Document Waiver Form

### Declaration by the Policyholder/s

I/We, \_\_\_\_\_ (name of the policyholder/s)  
the Policyholder/s under insurance Policy number \_\_\_\_\_ issued on \_\_\_\_\_ (referred to as "the Policy Document") by HDFC Life Insurance Company Limited (referred to as "the Company") do hereby make the below mentioned request with respect to the policy held by me/ us.

**Type of Request  
(Tick correct option)**

Surrender

Maturity

Free Look Cancellation

The above referenced Policyholder(s) do hereby solemnly affirm as follows:

- I/ we submit the above selected request, however I/ we submit the above selected request, however I/ we am/are not in possession of the original policy document. Hence, I/we request the Company to waive the requirement for submission of the original policy document.
- I/ we agree that the Policy Document will be treated as cancelled hereafter. Neither I/We or my/our legal heir/ beneficial owners nor any third party will present the Policy Document in the future for any payments or entitlements.
- I/we confirm that I/ We or my/ our legal heir (i) have not assigned, pledged or in any way disposed off or dealt with the Policy Document nor have I/We created any encumbrance on the Policy Document and agree to not do the same anytime in the future, or (ii) shall not make any misrepresentation or commit any fraud in connection with the Policy Document at any time after the date of this declaration.
- I/we agree that after processing this request, the Policy Document and my/ our rights created under the Policy Document stand null and void.
- I/ we agree that the Company shall not be liable for the payment of any benefits against the Policy Document once this request is processed.
- I/ we agree to cooperate with the Company in case of any enquiry/ investigation that may be initiated by the Company in connection with the Policy Document.
- I/ we declare that the Company is discharged off all its liabilities mentioned in the Policy Document and I/ We relinquish any further claim on the Company once this request is processed.
- I/ we shall not hold the Company accountable for any loss incurred by me/ us due to processing of my/ our request by the Company.
- I/ we agree to indemnify/defend and hold harmless the Company and its officers, directors, employees, representatives, agents, against all claims, demands, actions, suits, proceedings, losses, damages, liabilities, costs, charges, expenses (including legal expenses) or obligations, which may be brought or commenced against the Company, in connection with the Policy Document

SIGN HERE



Signature/Thumb Impression of the  
Policyholder/s

Date of Declaration: \_\_\_\_\_ DD/MM/YYYY

Place: \_\_\_\_\_

### Declaration made by third party where the Policyholder has affixed his/ her thumb impression/ has signed in vernacular:

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

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

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

**HDFC Life Insurance Company Limited (HDFC Life).** CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

**Regd. Off:** 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **022-68446530** (Call charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. |

Email – [service@hdfclife.com](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) Visit – [www.hdfclife.com](http://www.hdfclife.com)

### Declaration by Branch Official

I confirm that Policyholder has signed or affixed his/ her thumb impression in my presence.

Employee ID: \_\_\_\_\_ Employee Name: \_\_\_\_\_

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

SIGN HERE



Employee Signature