

LOAN APPLICATION FORM

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Politically Exposed Per Politically Exposed Per	erson(PE	eP) Dec	iaratio	on are o	r have	a has	n ent	truste	of with	h nro	mine	ent mi	hile	times	tion (n Ind	la or	in fo	oralo	in co	nuntra	v F	n i	Hear	s of	Stat	25.0	rote	over	mme	nts	senio	r no	amma	onf i fo	dicia	x		

military officers, senior executives of state owned corporations important political party officials etc.

1	Priority Sector/ MSME category (Important : If applicant belongs to any of the below category, pis lick the box) (Bank Copy
	Direct Agri (Agriculturist / Farmer / Agri allied activities like, dairy farming, poultry farming, fishery, bee-keeping etc) Land (acres) <3 3 to 5 >5 to 10 >10 to 15 > 15 Specify (acres): Location: Pin Code
-	Indirect Agri: Service units like trader / dealer in fertilizers / seeds / pesticides / cattle feed / poultry feed / agri equipment or machinery, dealer of tractors or contracting tractors / borewells etc.
	Turnover Upto Rs 5 Cr More Than 5 Cr and upto Rs 50 Cr More than Rs 50 Cr and upto Rs 250 Cr More than Rs 250 Cr Turnover:(In Value)
	Investment in Plant and Machinery Upto Rs 1 Cr More Than 1 Cr and upto Rs 10Cr More than Rs 10 Cr and upto Rs 50 Cr More than Rs 50 Cr Investment in Plant and machinery/ equipment:
	Khadi & village industries (KVI sector) Persons with Disabilities (PwD)
E	claration: I/we hereby declare/confirm that the vehicle purchased / to be purchased / to be availed by me/us shall be used For the purpose of Agriculture and/or assist the transport of agriculture input and farm product.
	For the purpose of Business; I / We are aware that it is on the faith of this representation, declaration and confirmation that you have agreed to consider my loan application for financial assistance under the category of Priority sector advances. I / We shall indemnify the bank to make the loss of good in the event of any loss or damage that may arise on account of false / incorrect declaration by me / us.
(DOCUMENTS SUBMITTED
1	we confirm having submitted the following self attested documents (ticked below) along with this loan application form to the Bank representative
	Photograph Proof of Identity Proof of residence Latest 2 salary slips 3/6 months bank statementPost Dated Cheques
	Proof of continuity of current job Proof of office Proof of qualification Loan Agreement Signature Verification ECS/SI mandate Security Post-dated cheques Proof of turnover (latest sales/services tax returns) Last 2 yr ITR with computed income
	Security Post-dated cheques
ı	MOST IMPORTANT TERMS AND CONDITIONS AND DECLARATION BY THE CUSTOMER
	Ne agree and confirm: (1) To the applicable schedule of charges, fees, commissions including the key facts informed to me by HDFC Bank Ltd. (Bank) and as more particularly mentioned in the "Schedule of Charges" of this Application. I That the bank's representative/ staff will not receive any payment in cash/ bearer cheque or kind along with or in connection with this loan application from mer'us. (3) That no discount or free gift or any other commissions with the payment of the commission of t
	refethe application form, requisite flamly bear orderlay is caused to me (i.e., I/We will not has the Bank hable for such loss or delay), (5) * That Loss processing and discursement will flame at least 1 working days poet summation of many processing or provided to the processing and discursement will be all the processing and d
	Their declarations, I I Vie ; (1) shall advise the HDFC Bank Ltd. (Bank) in willing of any change in my/ our residential or employment address. (2) hereby authorize and give consent to the Bank's other branches' subsidiaries! Affiliates! Credit Bureaus! sting Agencies! Gervice Providers, panks there is a subsidiaries affiliates! Credit Bureaus! sting Agencies! Gervice Providers, panks the Bank's other branches! subsidiaries! affiliates! Credit Bureaus! sting Agencies! Gervice Providers, panks the Bank's other branches! subsidiaries! affiliates! Credit Bureaus! sting Agencies! Gervice Providers, panks the Bank's other branches! subsidiaries! affiliates! Credit Bureaus! It Vie walve the living of privacy and privity of contract. (3) shall credit all sums received by you in eliner or all the names of this account. (4) hereby confirm having received, read and understood the terms and conditions! Agreement and accept the same. (5) hereby unconditionally, agree that these terms may be changed by the Bank at any time and 1 / Vie will be bound by the amended terms and unditions. (6) Confirm that if We are citizen of India.
	We also confirm that the executive collecting my loan Application Document has informed me?us.*(1) that Government Tax and Levy is applicable and will be charged in connection with the loan. (2) all the commissions (in the form of up not and trail commissions) payable to HDFC Bank for the insurance policy recommended to me/us. (3) in the case of foan cancellation, the applicable provrate interest charges on any outstanding loans amount will have to be borne by eiths. I understand that Processing Fee, Stamp Duly are non-returnable charges and would not be waited returned in case of foan cancellation or where the loan has not been disbursed. (4) That all the post-dated cheques are to be suct favouring HDFC Bank Limited Aid -Mention Product Name» only. (5) that loan related information like "welcome letter," repayment schedule". Terms and condition", -disbursal advice (as applicable to Personal Loan (Business Land). Will be sent on the e-mailtid mentioned by met us in this loan application form. (5) that if We can log on to HDFC Bank Net Banking (www.hdfcbank.com) to view the welcome fetter and repayment schedule. If we may also request for physical copy of Welcome Letter and Repayment Schedule's separately threed by
	DO NOT CALL REGISTRY I understand that in ease I do not wish to motive promotional information through telephone calls I email I sms on products and services not currently availed by me. I can register for "Do Not all" service through the Bank's web site www.hdfobank.com or through PhoneBanking or ether channels that the Bank may offer I agree that this sonier will not apply to receipt of advice and information regarding oducts and services currently availed by me, to help me in fully realising the benefits of Ole ranged financial solutions designed to make my banking relationship value and added and more convenirnt.
	I/We have read and verified the entire contents of the aforesaid Loan Application Form including the information, the Most Important Terms and Conditions, the Declarations being Part A to Part J and I/We hereby irrevocably represent, confirm and declare that all the information given thereunder are completely true and correct and further agree, acknowledge, accept and confirm the same.
	Please Paste Latest Passport Size Photograph Photograph Do not sign this form if it is BLANK, Please ensure all relevant sections and columns are completely filled to your satisfaction and then only sign the form.
	Applicant's/Co-applicant's Signature

Name:

Place:_

Date:_

			CUSTOMER	ACKNOWLEDGMEN	T SECTION	(Customer Copy)							
1/	/ we confirm having submitted the following self attested documents (ticked below) along with this loan application form to the Bank representative												
	Photograph	Proof of Identity	Proof of residence	Latest 2 salary slips	3/6 months bank statement	Last 2 yr ITR with computed income							
	Proof of continuity of current job	Proof of office	Proof of qualification	Loan Agreement	Signature Verification	Proof of turnover (latest sales/services tax returns)							
	Post Dated Cheques	Security Post-	dated cheques	ECS/SI mandate	Loan a/c statement for balance to	ransfer/balance transfer & top up/repayment/retention cases							
			SC	HEDULE OF CHARG	ES								
1		THE RESIDENCE OF THE PARTY OF T	Marie Control of the	est rate of (subject		erms and Conditions/ Agreement)							

% p.a. (monthly reducing). 3) Processing Charges of Rs. 3(a). Government Tax and Levy as per applicable Government laws would be charged on all Fees and charges. 4) cheque / ACH / SI Return Charges (without prejudice to the civil and criminal rights and remedies of the bank for the dishonour : Rs 450+taxes per instance 5) Overdue EMI Interest : 2% per month on EMI / Principal Overdue 6) Legal, repossession and Incidental Charges: At actual 7) Duplicate Amortization / Repayment Schedule: Rs 50 per instance. 8) Repament mode change charges: Rs. 500/- 9) Details of Security 10) Taxes at Actuals, applicable presently or in future. 11) Date on which annual Outstanding balance statement will be issued: 31st May 12) Loan Cancellation Charges NIL (However, Interest would be charged for the interim period between date of loan disbursement and loan cancellation and Processing Fees would be retained.). Rs. 1000/- for rebooking the loan. 13) Gap Interest will be recovered from disbursement amount where the number of days between account credit date (i.e. of the disbursement amount) and first EMI date is more that 30/31 days

Note: Visit http://www.hdfcbank.com for detailed fees and charges under the respective loan product. Changes in charges from time to time are updated on bank's website.

Type of Loan	Personal / Business Loan								
Type of Loan	Salaried	Self Employed							
Due Date of EMI	6th	6th							
Prepayment in part or full not allowed up to payment of	12 EMI (Part Payment allowed)	06 EMI (Part Payment not allowed)							
Prepayment Charges [on Principal Outstanding / Part Payment Charges on Part Payment amount]	13-24 Months of EMI Repayment - 4% 25 to 36 Months of EMI Repayment - 3% >36 Months of EMI Repayment = 2% Note: Part Payment allowed up to 25% of Principal Outstanding, only once in a year and twice during Loan tenure	07-24 Months of EMI Repayment - 4% 25 to 36 Months of EMI Repayment - 3% >36 Months of EMI Repayment - 2% Note: Part-payment allowed up to 25% of principa outstanding. It is allowed only once in the financial year and twice during the loan tenure.							

Applicable Government Tax and Levy will be charged on Part or full foreclosure charges

Custome	er Signature	
Custonii	ci olullatule	

I hereby confirm that am a major and a resident of India and I have read and I hereby accept the Privacy Policy of the Bank available at

MOST IMPORTANT TERMS AND CONDITIONS AND DECLARATION BY THE CUSTOMER

INVe agree and confirm: (1) To the applicable schedule of charges, fees, commissions including the key facts informed to me by HDFC Bank LBI, (Bank) and as more particularly mentioned in the "Ochedule of Charges" of this Application. (2) That the bank's representative staff will not receive any open for cash (be adenty with or in connection with this local application from me lus. (3) That for discounter of the gift or any other commisment whatsoever is given to me! us by the Bank or any of its authorized representative (s) other than what is not documented in this application from the Terms and Conditional/Agreement pursuant to the Loan. (4) The Bank shall not process incomplete! defective application from, requisited to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted to me lus. (1) More will not have been depleted by the Bank sale and absolute discretion may either sendion on reject the application for prainting the beant sale have the right to make discretion may be deemed necessary by the publisher of lians of the beant sale have been depleted purposed of the publisher of lians (1) More will be an advantage of the publisher of lians (1) More will be an advantage of the publisher of lians (1) More will be an advantage of the publisher of lians (1) More will be application for prainting the dependent occasions of the publisher of lians (1) More will be application for the publisher of lians (1) More

other applicable laws.
Laiso authorize HDFC Bank to use my Aadhaar number to open account / link and authoriticate my Aadhaar number to all my accounts / relationships with the Bank as may be opened in future in individual and also in case of non-individual.

Labo authorize HDFC Bank to use my Aadhaar number to open account filink and authoriticate my Aadhaar number to all my accounts in addition to the existing accounts and relationships.

1. The loan proceeds shall not be utilised for construction of farm houses; or Carry on agricultural/plantation/real estate business; or Trade in transferable development rights; or Act as Nichl or Chilf fund company.

2. Further, loan proceeds cannot be used for any other activity where foreign investment is not allowed. This shallbe applicable even if the loan is utilised in association with other person;

3. The loan amount shall not be remitted outside including margin trading and derivatives.

4. Is no proceeds are not used for investment in capital market including margin trading and derivatives.

5. The repayment of loan should be either by invand remittance from outside indice or by determined in indice or by determined in the or of the borrower and/or out of sale proceeds realised through securities offered for the loans. Further, these loans can also be repaid by any relative (as defined under Companies Act) of the borrower in India through account to account transfer; lack from the Bank various financial assistance, other products and services for which in may be found eligible by the Bank from time to time, at any time in future, including after closure of any of my existing or future relationships, accounts, products, and services with or from the Bank to where any of my information (as defined hereinafter) with any credit information companies and obtain various scores, reports and information for determining my credit worthiness from them, and accordingly to contact me or cross sell to me from time to time.

I seek from the Bank various financial assistance, other products and services for which I may be found eligible by the Bank from time to time, at any time in future, including after closure of any of my existing or future relationships, accounts, products, facilities, loans, services with or from the Bank from time to time, for which purpose I authorise the Bank to share any of my information (as defined hereinafter) with any credit information companies and obtain various scores, reports and information for determining my credit worthiness from them, and accordingly to contact me or cross sell to me from time to time.

inds credited in Customer's account shall be used for the purpose for which loan has been applied and will not be used for (a) setting up of new units consuming/producing the Ozone Depleting Substances (ODS); or (b) to units engaged in amufacture of the aerosol units using chlorofluorocarbons (CFC); or (c) for purchase of gold in any form including primary gold, gold buillon, gold jewellery, gold coins, units of Gold Exchange Traded Funds (ETF) and units of gold utual Funds; or (d) for speculative or anti-social purpose; (e) for purchase of Land; or (f) for investment in capital market or for purchase of shares; or (g) for acquisition of investing in Small Savings instruments including Kisan Vikas

5. Thereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

2. Thereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number / email address.

ACKNOWLEDGEMENT FO	OR LOAN APPLICATION		CONT	ACT US	
Name of the Applicant		To get the sta	atus of your loan application yo		Contact Numbers
Branch Code : Date & Time of Branch Contact Person Name DSA Contact Person Name Loan processing and disbursement will take submission of all requisite documents and it by the Bank as per Bank's criteria	Contact No Contact No e at least 7 working days post	Delhi & NCR Ahmedabad Bengaluru Cochin Indore Mumbai Pune	011 61606161 079 61606161 080 61606161 0484 6160616 0731 6160616 022 61606161 020 61606161	Chandigarh Jaipur Chennai Hyderabad Lucknow Kolkata	0172 6160616 0141 6160616 044 61606161 040 61606161 0522 6160616 033 61606161
We understand your world Follow us on f www.facebook.com/hdfcbank www.twitter.com/hdfcbank_offers Watch us on	Signature of Executive / Bank Staff UAP	Maharashtra (excep Pondicherry, UP / Meghalaya/Tripura, / Diu/Lakshadeep/Te	Assam, Gujarat, Harya Mumbai & Pune) / Go Uttarakand, Bihar/Jharkh Arunachal Pradesh, Nagal elangana: 1860 267 6161 sat: Joansupport@hd	oa, Orissa, Punjab, R nand, West Bengal / and/Mizoram/Dadra&	ajasthan, Tamil Nadu / Sikkim, J & K / HP,
For more Information please visit www.hdfcbank.com	OAI*				
Documents Received : OVD Self-certified KYC of OVD : OSV Aadhaar e-authentication Equivalent e-document KYC type : Physical Biometric OTP	True copies Notary Aadhaar offline verification Digital VKYC				
	Important Informat	ion for Customer - I	Form No. IL		
Period of Coverage: months Premiur	n Amount				

1) Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium show on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with he published prospectus or tables of the insurer. Violations of Section 41 of the insurance Act 1938, as amended, shall be punishable with a fine which may extend to five hundred (500) Rupees.

2) Insurance is the subject matter of the solicitation.

3) For any loss reported under the Section of Credit Shield Cover of Sarv Suraksha Plus / Star, the loss will be paid by HDFC ERGO General Insurance Co Ltd to HDFC Bank Limited. Under "Assignee Clause"

4) On receipt of request from HDFC Bank Limited, for cancellation of insurance, due to for example, cancellation of loan, forfeiture of loan, payment default etc., and also policy cancellation by the insurer, HDFC ERGO General Insurance Co Ltd to cancel the policy and pro-rata premium for the remaining tenure of the loan would be refunded to HDFC Bank Limited and the insurance would cease to exist.

Credit Assurance plan (CAP)

Date						
Loan Tenure		Months		Cus	tomer Signatu	re
		Health Assura	nce Plan (HAP)			- 7
"Insurer	ADITYABIRLA	BAJAJALLI-	HDFC ERGO	ICICI LOM-	NIVA BUPA	
(Arranged Alpha- betically)"		ANCE		BARD		
(A) EMI Protect (Your EMI will be paid by Insurance Company in case of hospitalization*)	4 EMIs covered per 18 to 60 years 1st I talization of addition	EMI paid on hopitali	zation of 2 days an	d every addition	al EMI payable	on hospi-
"Insurer	"ADITYA BIRLA	"BAJAJ ALLI-	"HDFC ERGO	"ICICI LOM-	"NIVA	
(Arranged Alpha-	(Group Activ	ANCE	(HDFC ERGO	BARD	BUPA	
betically)"	Health)"	(Flexi Protect Plan Plan)"	Group Protect)"	(Group	(Xpress	
		Pian Pian)		Hospi-Shield Plus)"	Health)"	
	0	0	0	0	0	
Premium Amount (with GST)						
(B) Critical Illness (Basis diagno- sis of any listed diseases, your our outstanding loan amount is cov- ered*)	Sum Insured upto 1 years	cr Borrower and C	o-Borrowed can be	e covered in Poli	cy Age Entry	r - 18 to 60
"Insurer	"ADIT YA BIRLA	"BAJAJ ALLI-	"HDFC ERGO	"ICICI LOM-	"NIVA	
(Arranged Alpha-	(Group Active	ANCE	(Sarv Suraksha	BARD	BUPA	
betically)"	Secure)"	(Group Guard)"	Plus (Group))"	(Universal Protection)"	(Smart Health)"	
				1.010011011)	rissini	
Premium Amount (with GST)						
*For benefits refer						
to the next page						
Diabetes, Hypertens tal conditions, heart	ration: Does any of t sion, Thyroid Disorde and circulatory diso	er, Tumors or Cance rders, Respiratory o	r, Nervous disorder lisorders, disorders	r, fits, men - s of stomach		
	kidney including kidr					
Joints, ever reporte	d positive for Hepatit	ISB, HIV/AIDS or se	xually transmitted	diseases.		
Please choose ""Ye	s"" in case of any pro	posed person to be	insured has been/	are under any	Yes	No
continuous medicat	tion for treatment for					
under treatment for	any illness."					

Insurance Company		Filed ProductName and UIN	
	EMI Protect	Critical Illness	Sarv Suraksha
Aditya Birla Health Insurance	Group Acti v Health - UIN - ADIHLGP22190V032122	Group Active Secure - UIN - ADIHLGP22215V022122	Group Active Secure - UIN - ADIHLGP22215V022122
Bajaj Alliance General Insurance	Flexi Protect Plan Plan (Group) - UIN - BAJHLGP22165V012122	Group Guard - UIN - BAJHLGP20109V011920	Suraksha Kavach (Group) – UIN BAJPAGP20054 V011920
HDFC ERGO General Insurance	HDFC ERGO Group Protect - UIN - HDFHLGP22214V012122	Sarv Suraksha Plus (Group) - UIN -HDFHLGP21002V022122	Sarv Suraksha Plus (Group) - UIN - HDFHLGP21002V022122
ICICI Lombard General Insurance	Group Hospi-Shield Plus - UIN - ICIHLGP22209V012122	Universal Protection Insurance Policy - UIN- BHAHLIP21456V022021	"Universal Protection Insurance Policy - UIN-BHAHLIP21456V022021 Group Personal Accident -UIN - ICIPAGP22204V022122"
Ni va Bupa Health Insurance	Xpress Health - UIN - NBHHLGP22208 V022122	Smart Health - UIN - MAXHLGP21223V012021	-

		Sarv Surksha		
"Insurer (Arranged Alphabetical- ly)"	"ADITYA BIRLA (Group Active Secure)"	"BAJAJ ALLIANCE (Suraksha Kavach)"	"HDFC ERGO (Sarv Suraksha Plus(Group))"	"ICICI LOMBARD (Universal Protection)"
Premium Amount (with GS	ST)	0		

I hereby authorize HDFC BANK to pay the premium in on my behalf and the same to be included in the loan amount from the bank and recovered from me in EMIs. I understand in case of claims bank will have first right on the settled claim.

Nominee Name Relationship with Proposer

Signature of Customer

Group Credit Protect Insurance plan from HDFC Life Insurance Co. Ltd.	Members Information Form	Premium Amount
Name		
DOB		
Gender	2	
Identification Mark		
Main benefit (Level/Decreasing)		
Sum Insured	8	
Nationality:		
Gross Annual Income (INR):		

	Short Medical Questionnaire-Health Details of Member (Tick the box for your answer)	YES	NO
S.No	Particulars		
1	"Have you ever suffered or are currently suffering from: (a) Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth or cyst of any kind (c) Stroke, paralysis, Epilepsy, any psychiatric / mental disorder, disorder of brain/her yous system or any kind of physical disabilities (d) Asthma, Tuberculosis, pulmonary obstructive disease or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood disorder(anemia) or any endocrine disorder, congenital disorder, genetic disorder (f) Diseases of the kidney, digestive system(stomach, pancreas, gall bladder, intestine), liver, Hepatitis B or C or HIV/AIDS infection (g) Diabetes, high blood pressure (h) Any Other disorders."		
2	During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?		
3	Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.)		
4	"Do you currently smoke more than 10 cigarettes/bidis per day or chew more than 5 pouches of tobacco per day and/or consume alcohol more than 5 units a day? (5 Units = 400 ml Wine or 150 ml Spirits or 370 ml Beer"		
5	Has more than one of your parents and siblings died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes, HIV?		
6	Are you taking any medication or has a doctor ever attended to you for any conditions, diseases or impairment not mentioned above (except for cough or cold)?		
7	"For Female Lives: (a) Are you presently pregnant? (b) Do you have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause? (c) Have you given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc? (d) Have you ever had any breast, uterus, cervix, ovaries or any other part of the reproductive system?"		
8	Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any insurance cover?		
9	Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquittal or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad?		
10	Is your occupation or business, associated with any hazard (e.g. exposure to chemical substances/hazardous materials/harmful dust or gases/ explosives/ working at heights/ handling heavy machinery etc.)		
11	Do you have any group risk cover as a scheme member through the same Master Policy holder (lender) or any other Master Policy holder where HDFC Life is an insurer? If yes, please specify sum assured. Rs.		
12	"1 Have you travelled outside India in the last 15 days or do you plan to travel overseas during next 3 months?"		
13	"Within the last 3 months have you been tested positive for COVID-19° and were hospitalised or waiting results of such a test or been advised to be under hospitalisation or quarantine due to COVID-19°?"		
14	"In the last 1 month have you been self-isolated or advised to self-isolate due to COVID-19* (excluding man datory go vernment orders to at home) or have you had a persistent cough, fever, raised temperature, sore throat, breathing di culties, gastro-intestinal symptoms (vomiting/diarrhea), been tested positive, advised to be tested or are awaiting test result for COVID-19* or been in contact with an individual suspected or con med to have COVID-19*?"		

the claim in t	uture.				
Details of No	minee:				
Name:					
DOB:		_ Gender:	Relationship	with Member:	
in order to se consideration Policyholder	ecure the said loan. I/WE ha n of receiving the said loan.	ive taken the abive refer There by authorize HDF0	enced policy from HD C Life to make paymen	from HDFC Bank Limited ("Master Policyhold DFC Life Insurance Compant Limted ("HDFC Life" nt of Outstandanding Loan Balance amount to Ma ntingent event covered by the Group Life Insura). in ster
policyholder. from time to issued by the "I confirm that provisions the name of the pauthorise the to the same, I understand agree to pay "I understand con rm to giv thereof." I understand from time to "I understand of lapses on	Subject to Section 45 of the time, if any untrue statemer in the name of the at I have read and understo nat govern the policy to be it policyholder and on my life a policyholder to disclose to pay the premium payable of that any statutory levy or of the same. If that HDFC Life Insurance we an undertaking that I shape the same and that the same will	e Insurance Act 1938 as into are contained herein policyholder may be treated, the rules and any add assued by insurer in the particular may behalf /collected from my behalf /collected from any Limited (HDFC) Il not raise any claims ract and that the contract not commence until my error, omission, incorranter, such claims shall be	amended or there has been any ated as void as far as ditional rules of the pla that the same shall be ars as they may requi- om me to the insurer. Clife) has the right to t will be governed by the ect information, blanke	an, the standard policy provisions and any addition e binding on me." ire including the details given above and any chan	o be ona ges ind and dec
investigation Holder (MPH	s are not completed within	three months from the da eived premium amount f	ate when the member	her requirements pertaining to medical tests/repor r enrolment details were shared by the Master Po nt, would be refunded and the respective memb	licy
Name: [Date:		Place:		
in vernacular The insured I hereby ded language and	r:or, (c) person has not filled in the lare that I have explained t d have truthfully	application ne contents of this applic	cation form to the inst	umb impression: or(b) The insured person has sig sured member in gned/affixed his/her thumb impression in my prese	
Name and A	ddress of Declarant		_ Signature of Declar	rant	

Please note that it is important to answer the above questions correctly. Any false information will lead to rejection of the application or

Product	Features	ADITYABIRLA	BAJAJ ALLIANCE	HDFC ERGO	ICICI LOMBARD	NIVABUPA
EMI Protect	Maximum EMI Covered Per Policy year	4 EMIs per Year	4 EMIs per Year	4 EMIs per Year	4 EMIs per Year	4 EMIs per Year
	Maximum per EMI amount	2.00 lakhs per EMI	1.00 lakhs per EMI	2.00 lakhs per EMI	1.25 lakhs per EMI (5 lakhs per policy year)	25 lakhs per EMI
	Conditions for Claims - (Hospitalization)	"Length of Stay - No. of EMI's to be Paid 2 - 3 days - 1 4 - 5 days - 2 6 - 7 days - 3 8 and above - 4"	"Length of Stay - No. of EMI's to be Paid 2 - 3 days - 1 4 - 5 days - 2 6 - 7 days - 3 8 and above - 4"	"Length of Stay - No. of EMI's to be Paid 2 - 3 days - 1 4 - 5 days - 2 6 - 7 days - 3 8 and above - 4"	"Length of Stay - No. of EMI's to be Paid 2 - 3 days - 1 4 - 5 days - 2 6 - 7 days - 3 8 and above - 4"	"Length of Stay - No. of EMI's to be Paid 2 - 3 days - 1 4 - 5 days - 2 6 - 7 days - 3 8 and above - 4"
		Grid applicable on every hospitalization	Grid applicable on every hospitalization	Grid applicable on every hospitalization	Grid applicable on every hospitalization	Grid applicable on every hospitalization
EMI Protect	Intial Waiting Period	30 days				
	PED Waiting Period	Waived Off	Waived Off	Waived Off	30 days	Waived Off
	Specific Waiting Period	Waived Off				
	Survival Period	0 days				
	Premium per Thousand (excluding GST)	"Tenure (In years) - Final Premium Per				
		Thousand - Per Person 1 - 60 2 - 120 3 - 180 4 - 240 5 - 300"	Thousand - Per Person 1 - 60 2 - 120 3 - 180 4 - 240 5 - 300"	Thousand - Per Person 1 - 60 2 - 120 3 - 180 4 - 240 5 - 300"	Thousand - Per Person 1 - 60 2 - 120 3 - 180 4 - 240 5 - 300"	Thousand - Per Person 1 - 60 2 - 120 3 - 180 4 - 240 5 - 300"
	Maximum SI	Upto Rs. 1 Crs	Upto Rs. 1 Crs	Upto Rs. 1 Crs	Upto Rs. 3 Crs	Upto Rs. 1 Crs
	No. of Critical Illness covered	35	40	50	25	41
	Intial Waiting Period	30 days	90 days	90 days	90 days	30 days
	PED Waiting Period	24 Months	24 Months	48 Months	Not Covered	24 Months
	Survival Period	0 days	0 days	7 days	0 days	0 days
	Premium per Thousand (excluding GST)	"Tenure (In years) - Final Premium Per Thousand - per Individual 1 - 4	"Tenure (In years) - Final Premium Per Thousand - per Individual 1 - 4	"Tenure (In years) - Final Premium Per Thousand 1 - 4 2 - 8	"Tenure (In years) - Final Premium Per Thousand - per Individual 1 - 4	"Tenure (In years) - Final Premium Per Thousand 1 - 4 2 - 8
		2 - 8 3 - 11 4 - 13 5 - 15"	2 - 8 3 - 11 4 - 13 5 - 15"	3-11 4-13 5-15"	2 - 8 3 - 11 4 - 13 5 - 15"	3 - 11 4 - 13 5 - 15"

[&]quot;Assignment clause:

It is here by declared and agreed that :□

- 1. From the Policy Start Date ,the monies payable by the Company to the Insured and all rights , title , benefits and interest of the Insured under this Policy in section mentioned above stand assigned in favour of the "Bank / Financial institution as named in the Schedule of this Policy".
- 2. Upon any monies becoming payable under this Policy the same shall be paid by the Company to the "Bank / Financial institution as named in Schedule of this Policy "with reference / notice to the Insured , but not exceeding the Principal Out standing as defined under the Policy . In the event of any monies pay able under this Policy exceeding the Principal Out standing , the Company shall pay such nominies as exceeding the Principal Outstanding to the Insured /Nominee;
- 3. The receipt of such monies in the manner aforesaid by the Bank/Financial Institution and / or the Nominees, as the case may be, as named in the Schedule of this Policy and the Insured shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs.
- executors, administrators, successors or legal representatives of the Insured, as the case may be.
- 4. That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and

the insured or any of them arising under or in connection with this policy if made by the Financier shall be valid and binding on all parties [
insured here under but not so as to impair rights of the Financier to recover the full amount of any claim it may have on other parties
insured here under but not so as to impair. I have read, understood & accepted the assignment clause mentioned above & the
assignee or this Proposal Form would-be HDFC Bank Ltd."
PC and and far Transfer into Loan Association in the Company of th

"Consent for Transfer into Loan Account Number:

_____hereby declare, agree and confirm that. From the Certificate Risk Start Date, any claim payable by the Company under this Certificate of Insurance shall be deposited directly in the Ioan account number_______ maintained by the ""Bank /Financial Institution as named in the Certificate of Insurance "". In the event of any claims becoming payable under this certificate of Insurance, the same shall be deposited by the Company in the aforementioned Ioan account held with the ""Bank/Financial Institution as named in the Certificate of Insurance "" without any reference / notice to the undersigned, but not exceeding the Principal Outstanding as defined under the certificate. In the event of any claims payable under this certificate exceeding the Principal Outstanding, the Company shall pay such claim amount exceeding the Principal Outstanding to the undersigned. Upon receipt of such claim amount in the manner aforesaid by the Bank/Financial Institution as named in the certificate of insurance and the Insured shall completely discharge the Company from all liability, claims under the certificate of Insurance and shall be binding on the undersigned and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be."

"Declaration & Warranty on behalf of all Persons proposed to be insured:

I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable. I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company. I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and /or claim settlement. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/ or claims settlement and with any Governmental and/or Regulatory Authority

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by selected Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by selected Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by selected Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by Selected Insurance Company Limited along with the date from which the insurance Cover shall become effective. Selected Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy(Your proposal form will be considered after Selected Insurance Company Limited receives premium payment.)

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect to any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violation of Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs. 10Lakhs."

Signature of Customer:

Annexure 1

To HDFC Bank Limited, HDFC Bank House, Senapati Bapat Marg, Lower Parel, Mumbai 400 013

Subject: Express Consents and Undertakings

I, the undersigned, declare, confirm and consent to HDFC Bank Limited ("Bank") and its service providers, as under:

- I hereby confirm that am a major and a resident of India and I have read and I hereby accept the Privacy Policy of the Bank available at Bank Website.
- I seek from the Bank various financial assistance, other products and services for which I may be found eligible by the Bank from time to time, at any time in future, including after closure of any of my existing or future relationships, accounts, products, facilities, loans, services with or from the Bank from time to time, for which purpose I authorise the Bank to share any of my Information (as defined hereinafter) with any credit information companies and obtain various scores, reports and information for determining my credit worthiness from them, and accordingly to contact me or cross sell to me from time to time.
- 3) I hereby further expressly consent to and authorise the Bank (whether acting by itself or through any of its service providers, and whether in automated manner or otherwise), to do and undertake any of the following, in relation to my application details, personal data and sensitive information about me, information, papers and data relating to know your customer (KYC), credit information, and any other information whether about me or not as may be deemed relevant by the Bank for its purposes (collectively, "Information"):
- i) to collect the Information from me and other physical or online sources including accessing the same from credit information companies, information utilities, websites, data bases and online platforms (whether public or not); to get the authenticity, correctness, adequacy, etc. of the Information verified from any sources and persons including from online data bases; and to act for and on my behalf for such accessing, collecting or verifying of the Information including using my log in and password credentials on the online platforms; such collection, access and verification may be done without any notice to me;
- process Information including by way of storing, structuring, organising, reproducing, copying, using, profiling, etc. as may be deemed fit by the Bank;
- iii) to store the Information for such period as may be required for contract, by law or for the Bank's evidential and claims purposes, whichever is longer;
- iv) to share and disclose the Information to service providers, consultants, credit information companies, information utilities, other banks and financial institutions, affiliates, subsidiaries, regulators, investigating agencies, judicial, quasi-judicial and statutory authorities, or to other persons as may be necessary in connection with the contractual or legal requirements or in the legitimate interests of the Bank or as per the consent;
- v) any of the aforesaid may be exercised by the Bank for the purposes mentioned above, for the purposes of credit appraisal, fraud detection, anti-money laundering obligations, for entering into contract, for direct marketing, for developing credit scoring models and business strategies, for monitoring, for evaluating and improving the quality of services and products, for other legitimate purposes or for any purposes with consent.
- 4) I expressly agree to and subject me to the automated processing, automated profiling and to the automated decision making by or on behalf of the Bank.
- I expressly agree to the Bank and/or its affiliates for using the Information and for cross-selling to me their various products and services from time to time.

Name:			
Clanatura			
Signature:			_

