# PEP QUESTIONNAIRE

HDFC Life
Sar utha ke jiyo!

| | |
|---|---|
| Application No. / Proposal No. | |
| Name of Policyholder | |

In the proposal form, you have identified yourself as a **Politically Exposed Person (PEP).**
To confirm the same, please answer the following questions -

**a) Do you belong to any of the following occupational categories?**

- ☐ Head of State or Government
- ☐ Senior Government/Judicial/Military Official
- ☐ Senior Executive of State/Central Corporations
- ☐ Member of a Political Party

**b) Do you have any close relatives in any of the above occupational categories?**

If yes, please share the relationship you share with that person: _____

**c) If either (a) or (b) is YES, please share more details**

i. Nature of work:

ii. Name of organisation/firm/party (affiliated with):

iii. Workplace area:

iv. In the above profile since: _____(Years)

**d) In case the answer to (a) and (b) is NO, then please share the reason for identifying yourself as a PEP in the Proposal form**

- ☐ Did not know the full details of PEP
- ☐ By mistake

**Finally, I confirm that I belong to PEP category as per the details present above:** ☐ **YES** ☐ **NO**

**Declaration by the Policyholder**

I agree and understand that,(a) the information given herein is true and complete in all respects, and will form an integral part of the proposal made by me, for an insurance policy from HDFC Life Insurance Company Limited and (b) the contract may be deemed to be invalid in case I fail to disclose any material facts.

SIGN HERE

Date : _____DD/MM/YYYY_____ Place : _____

Signature / Thumb impression

**Declaration to be made by any third party where the policyholder has affixed his/her thumb impression or has signed in vernacular**

The person who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that the content of this application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that the said person has signed or affixed his/her thumb impression in my presence.

Name: _____

SIGN HERE

Date : _____DD/MM/YYYY_____ Place : _____

Signature of Third Person

**NOTE:** All fields are mandatory