

## IHO (MediBuddy vHealth) - Customer Declaration Form – TCHFL

To,  
Tata Capital Housing Finance Ltd.  
Branch - \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Place: \_\_\_\_\_

I have applied for and given my consent to avail the benefits of the Health card (“Wellness Card”) issued by Indian Health Organisation Private Limited (“IHO”). I am aware that availing of this facility is optional for the purpose of the loan application submitted by me to Tata Capital Housing Finance Limited (“TCHFL”) and that signing up for the Wellness Card shall in no manner affect the sanctioning of the loan. I hereby declare that, I wish to accept the Health Package Membership offered under the Wellness Card program by IHO. I am fully aware that the Health Package Membership under the Wellness Card Program of IHO is being offered to me at a discounted rate with regards to the initial Health Package Membership Fee **for Plan tenure as mentioned (tick marked) below**, and any applicable renewal or other fees shall be required to be paid by me as specified in the terms and conditions then prevailing and associated with the Wellness Card.

I understand that IHO is not an insurance company and is not involved in the sale or otherwise of insurance products. Further, I hereby declare that I have understood the benefits which shall be available to me as a holder of the Wellness Card and agree that the use of such Wellness Card by me shall be subject to the terms and conditions to be provided to me along with the Wellness Card as well as the terms and conditions stated on the website of IHO (www.vhealth.io). I further understand that the Wellness Card and the services thereunder are being offered to me by IHO and TCHFL shall not be responsible in any way and no claim shall lie against TCHFL with regards to the services provided by IHO or the Healthcare Providers under IHO’s network or any other terms & conditions of the Wellness Cards program and any issues or claims which I may have with regards to the services or the Wellness Cards or otherwise shall not affect the Loan or my repayment obligations thereunder.

I hereby authorize TCHFL to deduct appropriate Health Package Membership charges from the loan amount sanctioned to me and pay the amount to IHO. I also authorize TCHFL to disclose, from time to time, any information relating to my Loan account to IHO as TCHFL may deem fit.

**PLEASE TICK MARK TO CHOOSE – IHO PLAN OPTION along with TENURE YOU WANT TO APPLY.**

IHO Plan & total Fee with Membership term <b><u>1 year</u></b> -	12,000	<input type="checkbox"/>	18,000	<input type="checkbox"/>
IHO Plan & total Fee with Membership term <b><u>2 years</u></b> -	24,000	<input type="checkbox"/>	30,000	<input type="checkbox"/>
IHO Plan & total Fee with Membership term <b><u>3 years</u></b> -	36,000	<input type="checkbox"/>		
IHO Plan & total Fee with Membership term <b><u>4 years</u></b> -	60,000	<input type="checkbox"/>	90,000	<input type="checkbox"/>
IHO Plan & total Fee with Membership term <b><u>5 years</u></b> -	1.2 Lakh	<input type="checkbox"/>	1.75 lakh	<input type="checkbox"/>

I hereby agree that if for any reason whatsoever TCHFL is unable to recover and pay to IHO the required charges required to be paid to IHO under the Wellness Card program, no liability will be attached to TCHFL, and the Wellness Card shall not be provided to me till such payment is made to IHO. In the event of cancellation of the Wellness Card within the trial period allowed by IHO, the membership fee amount deducted from the Loan amount sanctioned to me/us shall, on my/our request, be refunded to me/us and/or adjusted towards outstanding Loan amounts, after adjusting all amounts and charges due under the Loan agreement signed between me/us and TCHFL.

**DECLARATION:** I hereby state that the below mentioned number is owned/used by me and in conjunction with my Health Plan Membership to Wellness Cards by IHO, IHO shall be authorized to contact me with whatsoever means, including via WhatsApp, for any purpose inclusive of sending IHO membership kit, irrespective of the fact that below provided contact number may be registered with DND/DNC registry. I ensure that the number provided below is correct and shall be my default mobile number for receiving IHO membership kit whether through SMS/WhatsApp.

Applicant’s Name: \_\_\_\_\_

\_\_\_\_\_  
(Applicant’s Signature)

Applicant’s Mobile Number: \_\_\_\_\_