

Change Request Form

(Please read the instructions carefully before proceeding)

Date-_____

Name of Policy Owner: _____

Policy No:

--	--	--	--	--	--	--	--

Client ID: _____

Contact No. (Off/Res) _____ Mobile _____ email ID: _____@_____

(✓ Please tick as applicable)

NEW CONTACT DETAILS for:

Policy Owner

Life Assured

Nominee

Appointee

Address: _____

_____ Pin code _____

Contact Numbers _____

Residence

Office

Mobile

Email ID _____

Enclosed Address proof: Telephone Bill Ration card Electricity Bill Others Please specify

MINOR CORRECTIONS

Correction in Name of

Policy Owner

Life Assured

Nominee

Appointee

_____ (Mr/Mrs/Mr)

_____ (First name)

_____ (Middle Name)

_____ (Surname)

CORRECTION IN DATE OF BIRTH of the Policy Owner Life Assured Date of Birth ___/___/____
DD / MM / YYYY

CHANGE IN PREMIUM PAYMENT FREQUENCY

From: Yearly Half Yearly Monthly

To: Yearly Half Yearly Monthly

CHANGE IN MODE OF PREMIUM PAYMENT

From: Cash/Cheque ECS

To: Cash/Cheque ECS

Signature of the Policy Owner

Name & Signature of the Branch Official

Branch Code: _____

Instructions:

- For change of address, please provide a copy address proof document
- For Date of birth correction please provide a copy of age proof
- In case of ECS, please provide a duly filled and signed ECS form along with a cancelled copy of your cheque.
- For monthly frequency payment, ECS is the mandatory mode of premium payment
- Change of premium payment frequency is possible at policy anniversary/billing anniversary, which ever applicable.

For any queries or more information, call

Toll Free 1800 209 8700

or mail us at customer.first@indiafirstlife.com