

### CHANGE REQUEST FORM

Policy No:              Date:

Policy Holder Name: Mr  Miss  Mrs  F I R S T       M I D D L E     L A S T

Mobile No:           Resident No:         Office No:

Email Id:

Contact details mentioned above will be updated in our record for further communication

### CHANGE IN CONTACT DETAILS (Address, Contact Number and Email id)

Address:

City / Village           State            Pincode

Please note: - Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed such as Passport copy, Electricity Bill, Ration Card, Driving Licence, Bank statement needs to be submitted along with the request. (Any one)

### CHANGE IN DATE OF BIRTH

Policy Holder  Life Assured  Nominee  Appointee Date of Birth:

Please note: Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed such as Passport Copy, Birth Certificate, Driving Licence, School Certificate need to be submitted along with the request. (Any one)

### CHANGE/CORRECTION IN NAME

Policy Holder  Life Assured  Nominee  Appointee

Mr/Mrs/Miss First Name Middle Name Last Name

Please note: Self-Attested Address and ID Proof of Policyholder is mandatory document to be enclosed such as such age Marriage Certificate, Gazette Copy in case of change in name and PAN card, Passport copy, Driving Licence etc. For minor correction (Any one)

### CHANGE IN PREMIUM FREQUENCY

From:  Yearly  Half yearly  Quarterly  Monthly To:  Yearly  Half yearly  Quarterly  Monthly

Please note: Change in premium frequency mode is allowed at the time of policy / billing anniversary and the same shall be effective from next premium due date. For changing to monthly mode, ECS/DD Mandate and 3 months advance payment is mandatory.

### VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I do hereby state that I have read out and explained the contents of the form to the policyholder in \_\_\_\_\_ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : \_\_\_\_\_ Signature: X \_\_\_\_\_ Relation with the Policyholder \_\_\_\_\_  
Address of the Declarant : \_\_\_\_\_ Contact No.: \_\_\_\_\_

I hereby certify that the contents of the form have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X \_\_\_\_\_  
Signature/Thumb impression

### DECLARATION BY POLICYHOLDER

X \_\_\_\_\_ \_\_\_\_\_  
Signature/Thumb Impression of Policyholder Place Date

### For Official Purpose:

X \_\_\_\_\_ \_\_\_\_\_  
Name & Signature of Branch Official with stamp Place Request Date Request time