IndiaFirstLife

PAN DETAILS / SIGNATURE CHANGE REQUEST

Policy No: Client ID : Date : D D M M Y Y Y Y

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 records for further communication

SIGNATURE CHANGE

I, hereby declare that I have changed my signature and have affixed my new signature as mentioned below. I request you to kindly register my new signature in your records. I, further state that henceforth, the signature as appended below should be considered for all future requests received under this policy.

Specimen Signature (Old) :	Specimen Signature (New) :
X	X

PAN CARD DETAILS

I, hereby request you to update my PAN card details as mentioned below against the given policy number (s). Enclosed is a self-attested photocopy of PAN card as proof for your records. I will not hold IndiaFirst Life responsible in case of any incorrect information given by me.

PAN Card No :

Policy No :

DECLARATION BY POLICYHOLDER

Note: In order to abide by the Foreign Account Tax Compliance Act (FATCA), kindly submit an Insurance FATCA Declaration, separately, if the answer to any of these questions is a 'yes': (i) Are you a citizen of any other country apart from India (dual or multiple citizenship); (ii) Are you a resident (for tax purposes) of any other country other than India; (iii) Do you hold a green card of USA or any similar card for any other country?

X
Signature/Thumb Impression of Policyholder

Place

D D M M Y Y Y Y
Date

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

FOR OFFICIAL PURPOSE

X
Name & Signature of Branch Official

Branch Code/Location

D D M M Y Y Y Y
Request Date

Request Time

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400063,
CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6857 0600 **Toll Free:** 1800-209-8700
E-mail: customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com