

B. Change in Telephone Numbers

Residence:

Mobile:

Office:

(With STD Codes)

C. Change in Email-ID

Email ID:

Hence, I request you to kindly take note of the same and update your records accordingly. I am enclosing, herewith, the original policy documents, where the name of the said person appears, for updation.

Please mention the capacity of the aforesaid person in various policies, held by you by ticking the appropriate box against each policy number.

	Policy Number	Policy Holder	Life Insured	Nominee	Appointee
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yours sincerely

SIGNATURE OF THE POLICY HOLDER

SIGNATURE OF THE LIFE INSURED

(If different from the Policy Holder)

Date

Date

Place _____

Place _____

For Office Use Only

Date of completion of contact details change process:

Checked by: _____
Operations Executive (CPC)

Effective date of alteration:

Signature

Signature

Date:

Manager- Policy Servicing: _____

Date: