

APPLICATION FOR CHANGE "PAMENT METHOD / PREMIUM FREQUENCY" OF POSTAL LIFE INSURANCE POLICY

(Please fill in the columns in block letters)

1.	Name:	
2.	Occupation:	
3.	Address:	
	Pin Code:	
4.	Particulars of Policy against which	the "Payment Method / Premium Frequency" is desired
	Policy Number:	
	Sum Assured:	
	Date of Acceptance:	
	Change Payment Mode:	1 Cash to Pay 2 Pay to Cash
	or	
	Change Premium Frequency:	Monthly to Quarterly/ Half Yearly to Quarterly/ Half Yearly Yearly Monthly
5. 		thod / Premium Frequency" is applied for
6.	Name of the Post Office (if it is Sub I Sub Post Office: Head Post Office:	
6.	Name of the Post Office (if it is Sub I Sub Post Office: Head Post Office:	Post Office, write the name of Head Post Office as well) at which the Premium Paid is desired
6. 7. Do a) / b) F	Name of the Post Office (if it is Sub I Sub Post Office: Head Post Office:	Post Office, write the name of Head Post Office as well) at which the Premium Paid is desired

Signature of Insurant

Name: Phone no.: Office: Residence: Mobile no.:

