

Customer ID Merger Form

Name-

Existing Customer ID-

Existing Policy No-

Communication Address-

Mobile No-

Policy no (for merger)- 1.

2.

3.

4.

5.

Name of Post Office:

(Where application is submitted)

Kindly note that all the attributes of primary customer ID will be applicable for secondary customer IDs like-Date of Birth, Name, Father Name/Spouse Name, CID, Bank Account Details, Address (Official, Permanent, correspondence), Email, Phone, AML details, Occupation details.

Date: / /

(Signature of insurant)

Name _____

Mobile No _____

Document Attached:

1. Copy of Pan Card & Aadhaar