

Annexure-I

Request form for correction/change in Policy holders' Name or correction in Nominees'/Appointees' Name

Full Name as per exiting policy (Mr. Mrs. Ms.)

First Name	Middle Name	Last Name

Address

Village/ City										Taluka/ District																			
Post Office										State																			
Country										Pincode																			

Mobile No

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E-mail ID (If any)

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Policy No

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Sum Assured

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Change /Correction in Name Policy Holder **OR** * Nominee **OR** * Appointee
(Please tick as applicable)

(*Only correction is allowed in case of Nominee(s)/Appointee(s) name. For change in nomination separate form is prescribed)

Old Name (Mr. Mrs.)

First Name	Middle Name	Last Name

New Name (Mr. Mrs.)

First Name	Middle Name	Last Name

Reason for Change

Documents Attached

Documents Enclosed:
Applicable)

Yes/No/ NA(Not

- Original Policy Bond
- Self Attested copy of ID proof of the Insurant



- 3. Self Attested copy of address proof of the Insurant
- 4. Relevant Documents of Policyholder for change of name of Policy Holder on applicable grounds as per SOP.
- 5. Relevant Documents of Nominee/Appointee for correction of their name as per SOP.
- 6. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of name change request)
- 7. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of name change form)
- 8. Self-Attested medical certificate of insurant from Govt. Hospital/Govt.accredited hospital
Or
Self-attested copy of passport clearly showing visa details and date of departure from India
- 9. Any other document(s), pls specify _____

Date : _____

I have understood the meaning and scope of the name change request and take complete responsibility of the changes submitted by me/us. Any changes in the Policy/Personal details are subject to the policy terms and conditions and on acceptance of relevant documents submitted.



Thumb Impression/Signature of Policyholder

(If policyholder is illiterate or is signing in a language other than the language of this form, his/her thumb impression/signature must be attested by any Postmaster/ Gram Pradhan, Notary, his/her PLI/RPLI Agent with his/her official seal after explaining the content of this form)

Name: _____

Address: _____



Signature of the person making the declaration

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(For Office Use Only. To be filled in by receiving CPC PLI Branch)

Certified that I have checked all the documents enclosed and compared with the original documents produced by the Insurant/messenger and verified the averments made in the name change form based on these documents and found no discrepancies.

Date:-

Signature of CPC in-Charge

Name :

Designation:

Office Stamp:
