

Acknowledgement Slip

(To be filled by BPM/SPM or PLI-CPC Official and Handed Over to Insurant or as the case may be)

Name Change form for Policy No. _____ with Service Request No. _____ received onalong with following documents for change/correction in name of policyholder/ nominee/appointee (tick as applicable)

Documents Enclosed: **Yes (Y)/No (N)/Not Applicable(NA)**

- 1. Original Policy Bond
- 2. Self Attested copy of ID proof of the Insurant
- 3. Self Attested copy of address proof of the Insurant
- 4. Relevant Documents of Policy Holder 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

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Date:-

Signature of BPM/SPM/PM/ CPC in-Charge

Name :

Designation:

Office Stamp: