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

Full Name as per ex	citing p	olic	y (l	N	Ir. L	Mr	s. L	M	ls.)		ı															ĺ
First Name				Middle Name								Last Name														
Address																										
				T	П	1	1		ı	П		П	1	1						1						$\overline{}$
			+	1	$\vdash$			╁		H																$\dashv$
Village/ City										Talu Dist																
Post Office											Sta	te														
Country										Pi	nc	ode														
Mobile No							E-r	nail	ID	(If a	nv)	١														
							Ī																			
Policy No																										
Sum Assured						T																				
Change /Correction (Please tick as app				] :	Poli	су Н	olc	ler	C	OR			* 1	Vor	nir	ıee	•	OR	[		* A	.pp	oin	tee		
(*Only correction is form is prescribed)		ed ir	ı ca	se o	f No	min	ee(	s)/ <i>I</i>	4pp	oint	ee(	(s) r	ıam	e. 1	Fo	r cł	ıan	.ge	in r	on	nina	atio	n s	ера	ırat	e
Old Name ( Mr.	☐ Mr	s.)																								
First Name						Mic	ldle	e Na	ame	<u> </u>							L	ast	Naı	ne						
New Name ( Mr.	☐ Mr	s.)																								
First Name						Mic	ldle	∍ Na	me	<u>.</u>	ı						Li	ast	Naı	me						1
																	_									
Reason for Change																										
						Do	cu	me	nts	Atta	ch	ed														_
Documents Enclos Applicable)	sed:																				¥	es,	/No	o/ I	VA(	Not
1. Original Policy	Bond																									٦

Self Attested copy of ID proof of the Insurant
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
Da	re:
Du	· · <u> </u>
the	ave understood the meaning and scope of the name change request and take complete responsibility of changes submitted by me/us. Any changes in the Policy/Personal details are subject to the policy terms a conditions and on acceptance of relevant documents submitted.
	Thumb Impression/Signature of Policyholder
imj	policyholder is illiterate or is signing in a language other than the language of this form, his/her thumb pression/signature must be attested by any Postmaster/ Gram Pradhan, Notary, his/her PLI/RPLI Agent h his/her official seal after explaining the content of this form)
Na	me:
Ad	dress:
	Signature of the person making the declaration
	(For Office Use Only. To be filled in by receiving CPC PLI Branch)
pro	rtified that I have checked all the documents enclosed and compared with the original documents educed by the Insurant/messenger and verified the averments made in the name change form based on se documents and found no discrepancies.
Da	e:- Signature of CPC in-Charge
	Name:
	Designation:
	Office Stamps