

CHANGE OF ADDRESS / TELEPHONE NUMBERS



Policy No:\_\_\_\_\_

Please complete your new details below:

Title:\_\_\_\_\_ First Name:\_\_\_\_\_ Surname:\_\_\_\_\_

Postal Address (Residence): \_\_\_\_\_

Postal Address (Work): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. No.(Work): \_\_\_\_\_ Tel. No.(House): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 

DD	MM	YYYY
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CHANGE OF BENEFICIARY DETAILS



Policy No:\_\_\_\_\_

Beneficiaries are entitled to the proceeds of your policy on your death:  
Please amend/add my beneficiaries:  
Please provide the name of guardian in case the beneficiary is younger than 18 years of age:

Initials	Surname	Relationship	% of Benefits	ID Numbers (If any)																				
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Tel. No.(Work): \_\_\_\_\_ Tel. No.(House): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 

DD	MM	YYYY
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CHANGE OF MODE OF PAYMENT (MOP)



Policy No:\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ as of premium due Date: 

DD	MM	YYYY
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Tel. No.(Work): \_\_\_\_\_ Tel. No.(House): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 

DD	MM	YYYY
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Premium Enclosed:Rs. \_\_\_\_\_

Cheque No/Cash: \_\_\_\_\_

CHANGE IN POLICY DETAILS



Policy No:\_\_\_\_\_

☐ Increase Basic Amount ☐ Decrease Basic Amount: From \_\_\_\_\_ To \_\_\_\_\_

ADDITION			DELETION		
Rider Name	Amount	Term	Rider Name	Amount	Term

Tel. No.(Work): \_\_\_\_\_ Tel. No.(House): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 

DD	MM	YYYY
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Premium Enclosed:Rs. \_\_\_\_\_ Cheque No/Cash: \_\_\_\_\_