

Dated: \_\_\_\_\_

Functional Head  
Policyholders Service Department,  
\_\_\_\_\_  
Zone.

Dear Sir,

**Subject:** REQUEST FOR CHANGE IN CONTACT DETAILS AND CORRESPONDENCE ADDRESS.

Please update my contact details in my policy (ies) as under:

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

Policyholder's Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tel: (Res): \_\_\_\_\_

(Off): \_\_\_\_\_

(Cell): \_\_\_\_\_

Old Address: \_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_

Thank you,

Yours faithfully,

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

Name: \_\_\_\_\_

Encl: Copy of CNIC

**Important Note:** If your contact details and existing address is not incorporated in your policy record, you cannot receive premium notices and other valuable communication from State Life. If so, please have print of this form and submit the same the same with updated contact details for recording it in your policy record.