



Note: Please complete the form in CAPITAL LETTERS.

All fields are mandatory

POLICY DETAILS	Policy Number:	
	Policy Holder's Name:	

To enable us to get in touch with you and facilitate quick processing, kindly update your latest contact information
(In case of change in communication address, a valid address proof of the new address is mandatory)

ADDRESS

Address:

City: State: PIN:

Contact Details

Mobile: Phone (Home): S T D Co De

Office / Business: S T D Co De

E-mail:

Assignee is any person/institution in whose favor the policy is assigned

Name of the Assignee:

Address:

City: State: PIN:

Occupation:

Contact Details

Mobile: Phone (Home): S T D Co De

Office / Business: S T D Co De

E-mail:

ASSIGNEE DETAILS

Institutional Assignees:

Regulated Institutions (by RBI/SEBI/IRDAI/ Other statutes) Non-Regulated Institution Non-Profit Organisation / Trust

Individual Assignees:

Is Assignee: Exide Life Insurance Employee Exide Life Insurance Advisor Relative^ of Exide Life Insurance Employee/Advisor Other

Is Assignee: Assignor's Relative _____ (give relationship) Unrelated

Date of Birth: DD MM YYYY Gender: Male Female Nationality: Indian Non Indian

Details of Appointee/Guardian (To be filled up in case assignee is minor)

Name: _____

Date of Birth: DD MM YYYY Gender: Male Female

Relationship with the Assignee: _____ Address: _____

_____ I hereby grant my consent to the appointment.

Signature of the Appointee/Guardian: _____

Residential Status: Resident Non Resident PIO _____ Country of Residence

"Are you a Politically Exposed Person (PEP)" Yes No

If yes, Nature of position held _____

(Definition: Politically exposed persons are individuals who are or have been entrusted with prominent public functions e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc. Enhanced scrutiny and monitoring norms may also be applied to the accounts of the family members and/or close relatives of PEPs)

2. Are you a family member or close relative of a PEP – Yes No If yes, nature of relationship with PEP _____

DOCUMENT REQUIRED

Please submit the following listed documents of Assignee

Identity Proof Address Proof NOC Original Policy Bond***

PAN Card / Form 60/61# Income Proof## Copy of Policy Schedule

*Mandatory if the cumulative annual premium is ₹50,000 or more. **Mandatory if the annual premium is ₹1,00,000 or more. ***Not required for Re-Assignment

Photograph of Assignee

ACKNOWLEDGMENT SLIP

This is to acknowledge the receipt of application for Absolute / Conditional Assignment / Re-Assignment

Policy Number: _____

Date: DD MM YYYY

Name of Customer Service Executive: _____

Employee Code: _____

Customer Service Executive Signature: _____

Date: DD MM YYYY

Branch Seal

