

Change in Premium Payment Mode

Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

POLICY DETAILS	Policy Number*: <input type="text"/>	Policy Holder's Name*: <input type="text"/>																				
ADDRESS	Address*: <input type="text"/>																					
	City*: <input type="text"/>	State*: <input type="text"/> PIN*: <input type="text"/>																				
	Landline*: <input type="text"/>	Mobile*: <input type="text"/>																				
	E-mail*: <input type="text"/>																					
MODE CHANGE DETAILS	I hereby request Exide Life Insurance Company Limited to change the premium payment mode for the above policy number as per the details given below:																					
	(Please tick mark the option) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align:center;">Present Mode</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Annual</td></tr> <tr><td><input type="checkbox"/></td><td>Semi-Annual</td></tr> <tr><td><input type="checkbox"/></td><td>Quarterly</td></tr> <tr><td><input type="checkbox"/></td><td>Monthly</td></tr> </tbody> </table>	Present Mode		<input type="checkbox"/>	Annual	<input type="checkbox"/>	Semi-Annual	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Monthly	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align:center;">Mode Requested</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Annual</td></tr> <tr><td><input type="checkbox"/></td><td>Semi-Annual</td></tr> <tr><td><input type="checkbox"/></td><td>Quarterly</td></tr> <tr><td><input type="checkbox"/></td><td>Monthly</td></tr> </tbody> </table>	Mode Requested		<input type="checkbox"/>	Annual	<input type="checkbox"/>	Semi-Annual	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Monthly
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Revised Installment premium : ₹ <input type="text"/>																						
(I understand that the amount mentioned above includes Goods & Services Tax (GST) and is subject to changes depending upon prevailing Service Tax rates.) Amount Paid : ₹ <input type="text"/> Cheque No: <input type="text"/> Date: <input type="text"/> Bank & Branch <input type="text"/>																						
I understand that any request for change in premium payment mode should be received by Exide Life Insurance Company Limited at least one month prior to the Policy Anniversary Date, and that my request for mode change would be processed, subject to the Company's policies governing the same.																						
*Note : Submission of ECS/SI/CC forms is mandatory for monthly mode																						
Signature / Thumb Impression of the Applicant: <input type="text"/>	Date: <input type="text"/>																					
DOCUMENTS REQUIRED	If there is a change in address, please submit any one of the following address proof. Tick against the appropriate (✓)*																					
	Telephone Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Co. Lease Agreement / Rent <input type="checkbox"/> ESI Card <input type="checkbox"/> Ration Card <input type="checkbox"/> Valid Passport <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Valid Driving License <input type="checkbox"/> Bank letter / statement <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Gas Bill <input type="checkbox"/>																					
Note: Statements/Receipt/Bill/Certificate should not be more than two months old from the request submission date.																						
FOR OFFICE USE ONLY	Name of the Customer Service Representative: <input type="text"/>	Branch Code: <input type="text"/>																				
	Date: <input type="text"/>	Employee No.: <input type="text"/> Signature: <input type="text"/>																				

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of your application for change in Premium Payment Mode.	
	Policy Number: <input type="text"/>	Date: <input type="text"/>
	Documents received:	
	Valid Address Proof <input type="checkbox"/>	Specimen Signature Form <input type="checkbox"/>
Others: _____		
Customer Service Executive Signature: <input type="text"/> Date: <input type="text"/> 		

Call: 1800 419 8228 (TOLL FREE); +91 80 4134 5444 @ Email: care@exidelife.in Visit: exidelife.in

Registered Office: Exide Life Insurance Company Limited, 1st Floor, Unit No.5 to 8, Inizio Building, Opp P&G Plaza, Cardinal Gracious Road, Chakala, Andheri East, Mumbai - 400 099.
Corporate Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No. 3/1, Millers Road, Bengaluru - 560 001.

IRDAI Registration No. 114 CIN: U66010MH2000PLC377660