# Personal Details Change / Correction Form

**Note:** Please complete the form in CAPITAL LETTERS. All Field With (*) are Mandatory as applicable.

## Policy Details
- **Policy Number:**
- **Policy Holder’s Name:**

I hereby request Exide Life Insurance Company Limited to change / correct my details for the above mentioned policy number as per details given below:

### Contact No, Email, PAN and Aadhaar Details
- **Mobile:**
- **Alternate Mobile:**
- **E-mail:**
- **Alternate E-mail:**
- **PAN No.:**
- **E-Insurance Account No.:**

### Social Media and Other Policy Details
- **Facebook:**
- **Twitter:**
- **Linkedin:**
- **Instagram:**

### Occupation Details
- **Income:**
  - Agriculture
  - Non agriculture
  - Less than 3 Lacs
  - 3-5 Lacs
  - 5-10 Lacs
  - 10-25 Lacs
  - 25 Lacs & above

### Telephone and Permanent Address Details
- **Telephone Bill**
- **Water Bill**
- **Electricity Bill**
- **Valid Passport**
- **ESI Card**
- **Aadhaar Card**
- **Ration Card**
- **Valid Driving License**
- **Bank letter/ statement**
- **Lease/Rental Agreement**
- **Others**

**Note:**
- Statements/Receipt/Bill/Certificate should not be more than two months old from the request submission date.
- Please collect Aadhaar copy with first 8 digits of the Aadhaar number properly/appropriately MASKED and only last 4 digits of Aadhaar number being visible.

### Valid Address Proofs
- **Tick the address proof submitted (✓):**
  - Telephone Bill
  - Water Bill
  - Employer’s Certificate
  - Lease/Rental Agreement
  - ESI Card
  - Ration Card
  - Valid Passport
  - Electricity Bill
  - Valid Driving License
  - Bank letter/ statement
  - Aadhaar Card
  - Gas Bill
  - Others

### Occupation Details
- **Tick the occupation change selected (✓):**
  - Salaried-Govt / PSU
  - Salaried-other
  - Self Employed Professional
  - Agriculturist/Farmer
  - Part Time Business
  - Retired
  - Landlord
  - Student (Current Std.)
  - Others (Specify)

**Note:** Submit occ proof with self declaration. Change occupation comes under hazardous nature then submit Occ Questionnaire.
# Personal Details Change / Correction Form

<table>
<thead>
<tr>
<th>Policy Details</th>
<th>Present Name</th>
<th>New Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Assured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Holder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** If you are a married woman with a change in surname, please submit a copy of your marriage certificate. For any other request involving significant changes in the name Gazette Notification/Affidavit attested by a Judicial Magistrate along with Valid age proof is mandatory for processing name change. Please refer to Valid Age Proof section below.

**Name Change Details**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Existing Details</th>
<th>Requested Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nomination Details**

- If the nominee is a minor, appointee details are to be furnished mandatorily and appointee relationship with the nominee.
- List of valid ID proofs of Nominee / Appointee:
  - Aadhaar Card
  - Driving License
  - Passport
  - Voter’s PAN Card
  - ID Card of State/Central Government

- Please collect Aadhaar copy with first 8 digits of the Aadhaar number properly/appropriately MASKED and only last 4 digits of Aadhaar number being visible.

- In case of nominees addition/change, valid ID proof of all nominees shall be required to process the request.
- In case the nominee is a minor, valid ID proof of Appointee shall be required to process the request.
- In case of more than 02 Nominees, please fill in a separate form.

**Declaration**

I have understood the meaning and scope of the change request form and take complete responsibility of the change submitted by me. Any change in the policy or personal details is subjected to the term and condition. I take full responsibility for the genuineness and correctness of details filled herein.

**Signature / Thumb Impression of the Policy Owner / Assignee:**

**Date:**

**Place:**

**Name & Address of the Witness:**

**Witness Signature:**

(Should be someone other than the advisor/agent/employee of the company and who has also explained the contents of this form if signature is in vernacular language or a thumb impression.)

**Customer Acknowledgement Copy (Policy Servicing Form)**

This is to acknowledge the receipt of your application for below Personal Details Change/Correction

- Address - Change /Correction
- Nominee - Change/Correction/Addition
- Policy Number: [ ]
- Documents received: A)Valid Age Proof  B)Valid Address Proof  C) Policy Bond
- Others:

**Customer Service Executive Signature:**

**Date:**

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

Registered Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No.3/1, Millers Road, Bengaluru - 560 001.

IRDAI Registration No. 114 | CIN: U66010KA2000PLC028273