

## Personal Details Change / Correction Form

**Note: Please complete the form in CAPITAL LETTERS**

**All Field With (\*) are Mandatory as applicable**

<b>POLICY DETAILS</b>	Policy Number*: <input style="width: 100%;" type="text"/>	Policy Holder's Name*: <input style="width: 100%;" type="text"/>
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**I hereby request Exide Life Insurance Company Limited to change / correct my details for the above mentioned policy number as per details given below:**

<b>CONTACT NO, EMAIL, PAN AND AADHAAR DETAILS</b>	Mobile: <input style="width: 100%;" type="text"/>	Alternate Mobile: <input style="width: 100%;" type="text"/>
	I wish to receive Policy related updates/services through WhatsApp on my Registered Mobile number <input type="checkbox"/> (tick here)	
	Landline Residence: <input style="width: 100%;" type="text"/>	Landline Office: <input style="width: 100%;" type="text"/>
	E-mail: <input style="width: 100%;" type="text"/>	
	Alternate E-mail: <input style="width: 100%;" type="text"/>	
	PAN No.: <input style="width: 100%;" type="text"/>	E-Insurance Account No.: <input style="width: 100%;" type="text"/>
	In case you wish to de-link your Aadhaar details already updated with us <input type="checkbox"/> (tick here)	

<b>SOCIAL MEDIA AND OTHER POLICY DETAILS</b>	Do you use any of the following Social Media Platforms (Please provide ID)	
	Facebook <input style="width: 100%;" type="text"/>	Twitter <input style="width: 100%;" type="text"/>
	Linkedin <input style="width: 100%;" type="text"/>	Instagram <input style="width: 100%;" type="text"/>
	Income: Agriculture <input type="checkbox"/> Non agriculture <input type="checkbox"/> Less than 3 Lacs <input type="checkbox"/> 3-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs & above <input type="checkbox"/>	
	Do you hold any Insurance Plan from other Life Insurance Company, please tick the category	
	ULIP <input type="checkbox"/>	Term <input type="checkbox"/> Pension <input type="checkbox"/> Health <input type="checkbox"/> No other Plan <input type="checkbox"/>

<b>NEW ADDRESS DETAILS</b>	<b>Communication Address Change</b> <input type="checkbox"/> <b>Communication Address Correction</b> <input type="checkbox"/> <b>Permanent Address Change</b> <input type="checkbox"/> <b>Permanent Address Correction</b> <input type="checkbox"/>
	New Address*: <input style="width: 100%;" type="text"/>
	City*: <input style="width: 100%;" type="text"/>
	State*: <input style="width: 100%;" type="text"/>
	PIN*: <input style="width: 100%;" type="text"/>
	Land Mark: <input style="width: 100%;" type="text"/>

<b>VALID ADDRESS PROOFS</b>	<b>Tick the address proof submitted (✓)</b>	
	Telephone Bill <input type="checkbox"/>	Water Bill <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Lease/Rental Agreement <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"/> Aadhaar Card <input type="checkbox"/> Gas Bill <input type="checkbox"/>
	Others <input style="width: 100%;" type="text"/>	
	<b>Note :</b> <ul style="list-style-type: none"> <li>● Statements/Receipt/Bill/Certificate should not be more than two months old from the request submission date.</li> <li>● Please collect Aadhaar copy with first 8 digits of the Aadhaar number properly/appropriately <b>MASKED</b> and only last 4 digits of Aadhaar number being visible.</li> </ul>	

<b>OCCUPATION DETAILS</b>	<b>Tick the occupation change selected (✓)</b>	
	Salaried-Govt / PSU <input type="checkbox"/>	Salaried-other <input type="checkbox"/> Self Employed Professional <input type="checkbox"/> Agriculturist/Farmer <input type="checkbox"/> Part Time Business <input type="checkbox"/>
	Retired <input type="checkbox"/>	Landlord <input type="checkbox"/> Student (Current Std.) <input style="width: 100%;" type="text"/> Others (Specify) <input style="width: 100%;" type="text"/>
	<b>Note :</b> Submit occ proof with self declaration. Change occupation comes under hazardous nature then submit Occ Questionnaire.	

## Personal Details Change / Correction Form

NAME CHANGE DETAILS	<b>Policy Details</b>	<b>Present Name</b>	<b>New Name</b>
	Life Assured		
	Policy Holder		

**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.

VALID AGE PROOFS	<b>Tick the age proof submitted (✓)</b>				
	Passport <input type="checkbox"/>	Driving License <input type="checkbox"/>	School Certificate <input type="checkbox"/>	PAN Card <input type="checkbox"/>	Aadhaar Card <input type="checkbox"/>
	Birth Certificate <input type="checkbox"/>	Employer's Certificate <input type="checkbox"/>	Gazette Notification <input type="checkbox"/>	Affidavit attested by a Judicial Magistrate <input type="checkbox"/>	

**Note :** 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.

NOMINATION DETAILS	Nominee Details Correction <input type="checkbox"/>		Nominee Details Change <input type="checkbox"/>		Nominee Addition <input type="checkbox"/>		
	<b>Policy Details</b>	<b>Existing Details</b>			<b>Requested Details</b>		
		<b>Nominee</b>	<b>%</b>	<b>Appointee*</b>	<b>Nominee</b>	<b>%</b>	<b>Appointee*</b>
	Name 1.						
	Name 2.						
Relationship with Policy Holder							
Date of Birth							

**\*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 ID 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.								
	I have provided my Aadhaar voluntarily for KYC purpose. I authorize Exide Life Insurance to use my Aadhaar to fulfil the KYC requirement while issuing me an insurance policy and for servicing my policy during the policy term. I understand that Exide Life Insurance will store my Aadhaar details in compliance with UIDAI guidelines and IRDAI circular and shall not reveal my Aadhaar details to any third party without my consent								
	<b>Signature / Thumb Impression of the Policy Owner / Assignee:*</b>								
	Date	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
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.)

FOR OFFICE USE ONLY	Name of Customer <input type="text"/>	Employee No.: <input type="text"/>	
	Service Representative: <input type="text"/>	Branch Code: <input type="text"/>	
	<input type="text"/>	Date: <input type="text"/>	
	Service Request ID: <input type="text"/>	Signature: <input type="text"/>	

ACKNOWLEDGEMENT SLIP	<b>Customer Acknowledgement Copy (Policy Servicing Form)</b>		
	This is to acknowledge the receipt of your application for below Personal Details Change/ Correction		
	Address - Change /Correction <input type="checkbox"/>	Name - Change/Correction <input type="checkbox"/>	
	Nominee - Change/Correction/Addition <input type="checkbox"/>	Contact Details <input type="checkbox"/>	
	Policy Number: <input type="text"/>	Date: <input type="text"/>	
Documents received: A)Valid Age Proof <input type="checkbox"/>	B)Valid Address Proof <input type="checkbox"/>	C) Policy Bond <input type="checkbox"/>	
Others: _____			

Customer Service Executive Signature:

Date: