



Change in Communication Address



Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

I request Exide Life Insurance Company Limited to process my communication address change.

POLICY DETAILS	Policy Number*:	<input type="text"/>	Policy Holder's Name*:	<input type="text"/>
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OLD 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"/>									

NEW ADDRESS	Current Address*:	<input type="text"/>										
	City*:	<input type="text"/>	State*:	<input type="text"/>	PIN*:	<input type="text"/>						
	Landmark*:	<input type="text"/>	Landline*:	<input type="text"/>								
	Mobile*:	<input type="text"/>	E-mail*:	<input type="text"/>								

DECLARATION	I request Exide Life Insurance Company Limited to change my communication address as above with respect to this policy. I hereby declare that the particulars given above are correct and complete in all respects.										
	Signature / Thumb Impression of the Policy Owner / Assignee*:										Witness Signature*:
	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name & Address of the Witness*:										

*(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 or a thumb impression.)


DOCUMENTS REQUIRED	Please submit self attested copy of any one of the following listed documents. 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 six 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"/>	Signature:	<input type="text"/>
	Date:	<input type="text"/>	Employee No.:	<input type="text"/>		

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of your application for change in communication address.										
	Policy Number:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Documents received:										
	Valid Address Proof <input type="checkbox"/>	Specimen Signature Form <input type="checkbox"/>									

Customer Service Executive Signature:	<input type="text"/>
Date:	<input type="text"/>



POS/CICA/Version 2.0