

Change / Correction in Name

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"/>
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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"/>									

I hereby request Exide Life Insurance Company Limited to change / correct My Name / Life Assured's name for the above policy number as per details given below:

Policy Details	Present Name	New Name
Life Assured	<input type="text"/>	<input type="text"/>
Policy Holder	<input type="text"/>	<input type="text"/>

Note : Acceptable age proof with new name is required for processing this request. For list of acceptable proofs and other documents required, please see overleaf.

I take full responsibility for the genuineness and correctness of the details filled herein.

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

Date

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.)

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employee No.:	<input type="text"/>		

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of your application for change / correction in name.		Customer Service Executive Signature:	<input type="text"/>
	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 Age Proof <input type="checkbox"/>	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"/>
	Valid Address Proof <input type="checkbox"/>	Specimen Signature Form <input type="checkbox"/>		
Others: _____				

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DOCUMENTS REQUIRED

If there is a change in address, please submit any one of the following address proof. Tick against the appropriate (3)*

Telephone Bill Water Bill Employer's Certificate Co. Lease Agreement/ Rent ESI Card Ration Card

Valid Passport Electricity Bill Valid Driving License Bank letter/ statement Aadhar Card Gas Bill

Note: Statements/Receipt/Bill/Certificate should not be more than six months old from the request submission date.

ACCEPTABLE AGE PROOFS*

- 1) Passport
- 2) PAN Card
- 3) Driving License
- 4) School Certificate
- 5) Birth Certificate
- 6) Employer's Certificate
- 7) Gazette Notification or an affidavit attested by a judicial first class magistrate or judicial magistrate (the seal is a must) instead of attestation by a Notary Public or Marriage Certificate.

* This list is subject to change from time to time. For the latest list, please visit our website exidelife.in or check with your nearest Exide Life Insurance Company Limited branch or Contact Center.