



Date of Birth Change



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"/>
	Additional Policy Nos. : <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"/>

I hereby request Exide Life Insurance Company Limited to change/ correct My / Life Assured's Date of Birth for the above policy number as below:

Policy Details	Present Date of Birth	Date of Birth Requested
Life Assured	<input type="text"/>	<input type="text"/>
Policy Holder	<input type="text"/>	<input type="text"/>

Note :

- Submission of policy bond is mandatory to process the above request.
- Acceptable age proof with new name is required for processing this request. For list of acceptable proofs and other documents required, please see overleaf.

DECLARATION	I take full responsibility for the genuineness and correctness of the details filled herein.	
	Signature / Thumb Impression of the Policy Owner / Assignee*:	<input type="text"/>
	Date <input type="text"/>	Witness Signature*:
	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	Policy Bond received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employee No.:	<input type="text"/>	Signature:
	Name of Customer Service Representative:	<input type="text"/>	Branch Code:	<input type="text"/>		
	Date:	<input type="text"/>				

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

Others:

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

Branch Seal

POS/AMC/Version 2.0



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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 (✓)*

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.