IDBI FEDERAL
In association with Ageas

IDBI Federal Life Insurance Co Ltd

IRDA Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W). Mumbai - 400013.
Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
www.idbifederal.com

APPLICATION FOR GENERAL CHANGES

(Kindly fill in Block Letters)

Policy Number		Date	
Name of Policy Owner			

☐ Tick here if applicable	**CHANGE OF ADDRESS**	☐ Mailing address	☐ Permanent address
Address			
	City		
	State	PIN	
Documents to be submitted	Address Proof - Self attested (Passport/Ration card/Aadhar letter/Bank Passbook/Driving License/Verified copies of Registered Lease and License agreement /Agreement for sale)		

☐ Tick here if applicable	**CHANGE OF CONTACT DETAILS**	☐ Landline No.	☐ Mobile No.	☐ Email ID
Landline No.				
Mobile No.				
Email ID				
Documents to be submitted	Photo ID - Self attested (Pan Card Copy/Aadhar Card/Driving License)			

☐ Tick here if applicable	**CHANGE OF PREMIUM PAYMENT MODE & SOURCE OF PAYMENT**			
Mode:	☐ Annual	☐ Semi-annual	☐ Quarterly	☐ Monthly*
Source:	☐ Direct	☐ ECS	☐ Standing Instructions	
Bank A/c No:				
Bank Name:				
Bank Branch:				
Documents to be submitted	**For Standing Instructions:** Debit authorization form ☐		**For ECS:** 1. ECS Form ☐ 2. Cancelled cheque ☐	

DECLARATION

IDBI Federal Life Insurance Co Ltd

No request shall be deemed to be treated valid and effective unless received by IDBI Federal Life Insurance Co Ltd (hereinafter referred to as 'IDBI Federal') during the lifetime of the Insured and is finally accepted and recorded by IDBI Federal. The receipt of this form by the agent does not constitute receipt/acknowledgement by IDBI Federal.

Signature of Policy Owner (Assignee/Trustee)

D D / M M / Y Y Y Y

Customer

I/we hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and forms a part of the said policy.
I/we understand that (i) IDBI Federal may be unable to process this application if I/we fail to provide any further information requested by IDBI Federal and (ii) I/we have the right to obtain access to and to request correction of any personal information held by IDBI Federal concerning me/us.

Signature of Witness/Agent

D D / M M / Y Y Y Y