

Change Request Form

(Please read the instructions carefully before proceeding)

Date-_____

Name of Policy Owner: _____

Policy No:

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Client ID: _____

Contact No. (Off/Res) _____ Mobile _____ email ID: _____ @ _____

(✓ Please tick as applicable)

 NEW CONTACT DETAILS for: Policy Owner Life Assured Nominee Appointee

Address: _____

_____ Pin code _____

Contact Numbers _____

Residence

Office

Mobile

Email ID _____

Enclosed Address proof: Telephone Bill Ration card Electricity Bill Others Please specify **MINOR CORRECTIONS**

Correction in Name of

 Policy Owner Life Assured Nominee Appointee

_____ (Mr/Mrs/Mr)

_____ (First name)

_____ (Middle Name)

_____ (Surname)

 CORRECTION IN DATE OF BIRTH of the Policy Owner Life Assured Date of Birth ___/___/____
DD / MM / YYYY **CHANGE IN PREMIUM PAYMENT FREQUENCY**From: Yearly Half Yearly MonthlyTo: Yearly Half Yearly Monthly **CHANGE IN MODE OF PREMIUM PAYMENT**From: Cash/Cheque ECSTo: Cash/Cheque ECS

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Signature of the Policy Owner

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Name & Signature of the Branch Official

Branch Code: _____

Instructions:

- For change of address, please provide a copy address proof document
- For Date of birth correction please provide a copy of age proof
- In case of ECS, please provide a duly filled and signed ECS form along with a cancelled copy of your cheque.
- For monthly frequency payment, ECS is the mandatory mode of premium payment
- Change of premium payment frequency is possible at policy anniversary/billing anniversary, which ever applicable.

For any queries or more information, call

Toll Free **1800 209 8700**or mail us at customer.first@indiafirstlife.com