

PNB MetLife India Insurance Company Limited
(Formerly known as MetLife India Insurance Company Limited)
(Insurance Regulatory and Development Authority Life Insurance Registration No.117)
Registered Office: 'Brigade Seshamahal', 5 Vani Vilas Road, Basavanagudi, Bangalore-560004 www.pnbmetlife.com Phone: +91-80-2643 8638. Fax: +91-80-41506969

Track your policy with ease. Log on to www.pnbmetlife.com, Generate your own user name/password by using your customer ID

Dual/ Change in Signature Format - Servicing Request

	Dual/ Chan	ige in Signature i ormat - Servicing Neques	<u>4</u>
Policy# Name of the Proposed Holder Mobile no (Mandatory):		Date: D D M M Y Y Y Y Email ID: ruction for Dual Signature Change in Signa	o montes out)
Doctaration in case of Dual Si	anaturo I	harahy daglara t	hat both the signatures as appearing below are
Declaration in case of Dual Si my signatures. I further declare to Declaration in case of Signatu further state that henceforth, the	hat both the signatures are valid	d.	mentioned specimen boxes have my signatures. I
Signature (OLD) as pe	r PNB MetLife records	Signature (New)	
Manage Parkerships			
contents hereof in my presence.		applicant by me in vernacular and the applicant has filled up	the contents after completely understanding the
Name & Signature of the Witne Witness must be someone other		vee of the company	
To Be filled in case of Bank Atte			
			Bank Employee Signature and
Name of Bank Employee:	Bank Seal		
Bank Employee Code:			_
Branch Name:			_
lote: Any of the following docume	ents will be accepted as photo id	dentity proof reflecting the above new signature, a copy of w	which is required to register the new signature.
Driving License Passpo		ed by PI/ PH.	1
	all sign change docs to be uploa	aded by branch in file net for future reference):	
For Office Use Only Request received from – FA	SM Sales Personnel	Specified Person (SP) Customer	
		_ , , _	"PNB MetLife branch seal and sign"
_	tomer Representative	ilei 🔲 palik	
Employee Code			
Designation			D D M M Y Y Y
Signature			
	}<	*	
		Acknowledgement Slip	
Received a request for		against Policy Number	
On	at	am/pm	
Employee Code	Employee Na	me	
Date and time Stamp / Seal of	Branch		



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	<u> Dual Signature Format – New Busine</u>	<u>ss Proposal</u>				
Application Number	Date D D M M Y	YYY				
Name of the PI						
Name of the PH (If different from PI)						
Mobile no (Mandatory): Email ID:						
Customer instruction for Dual Signature						
Declaration in case of Dual Signature: PI Both PI and PH I hereby declare that both signatures as appearing below are my signatures. I further declare that both signatures are valid.						
For Proposed Insured:						
Signature as per Application form (s)	Signature as per payment instrument (if applicable)	Signature as per proofs submitted (if applicable)				
For Proposed Holder:						
Signature as per Application form (s)	Signature as per payment instrument (if applicable)	Signature as per proofs submitted (if applicable)				
Vernacular Declaration: The contents hereof have been read over and explained to the applicant by me in vernacular and the applicant has filled up the contents after completely understanding the contents hereof in my presence. Name and Signature of the Witness: Witness must be someone other than the advisor /agent/employee of the company						
To Be filled in case of Bank Attestation:						
Name of Bank:						
Bank Account Number:	Bank	Employee Signature and Bank Seal				
lame of Bank Employee:						
Bank Employee Code:						
Branch Name:						
Note: Any of the following documents will be accepted as photo identity proof reflecting the above signature in application form, a copy of which is required to register this signature.						
Driving License Passport Pan Card	Any Govt. Issued ID Card Armed force ID car	d with photograph				
Any alterations/corrections made in the form need to be	duly signed by PI/ PH.					
To be filled by Branch Services (all dual signature decl	arations to be uploaded by branch in filenet for fu	ture reference):				
Request received from – ☐ FA ☐ SM ☐ Sales Pe						
Customer Representative	"PNB I	MetLife branch seal and sign"				
Designation						
Signature		D D	M M Y Y Y			
₹						
Acknowledgement Slip						
Received a request for against Application Number						
On at am/pm						
Employee Code Employee Name						
Date and time Stamp / Seal of Branch						