

Date:

To,  
SBI Life Insurance Co. Ltd.



Sir/Madam,

**Re: Change of Photograph for your records under the Policy No -**

I, Mr./Mrs./Ms. \_\_\_\_\_ given above my New photograph attested by my Banker / Principal of education institute/ Gazette officer, for your records and counter sign by the policy holder.

Specimen 1.

Specimen 2.

Specimen 3.

\* Signature of the Authority

Name :

Stamp/Seal :

**Signature of Life Assured**

***Declaration when the signature of the Life Assured is in a Vernacular language or in case of thumb impression*** hereby declare that I have explained the contents of this form to the Policy Holder in \_\_\_\_\_ Language, that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof

Signature of the person making the declaration

Name & Address: \_\_\_\_\_

\_\_\_\_\_

**\* Please make sure that the signature of life assured is duly witnessed by the banker / gazzetted officer / any public notary.**

*SBI Life Insurance Co. Ltd.*

*Corporate Office: "Natraj", M.V Road & Western Express Highway Junction, Andheri (East), Mumbai-400069*

*Central Processing Center: Kapas Bhavan, Plot No.3A, Sector No.10, CBD Belapur, Navi Mumbai-400614*