# REQUEST FOR CHANGE IN CONTACT DETAILS

SBI Life INSURANCE With Us, You're Sure

To,
SBI Life Insurance Co Ltd, Branch _____

Date d d m m y y y y  Policy No

Name of the Policy Owner

I request you to kindly note my new address and/or Phone number given below in your records. I further request you to kindly send all your communications to the address given below henceforth.

☐ **Change in Address** *(Tick ✔ One)* ☐ **Correspondence** ☐ **Permanent** ☐ **Both**

- ***Request for Address change has to be submitted in person at any of the branches of SBI Life Insurance Co Ltd***
- ***Permanent Address must be of India and cannot be given as that of employer.***

**House # & Bldg / Society**

**Road / Sector & Landmark**

**City/Village & Taluka** **District**

**State** **Pin**

**Country**

Any one of the following documents will be accepted as Residence proof and should be produced in original for verification by SBI Life official along with one photo identity proof and the form (Tick ✔)

☐ Driving License ☐ Passport ☐ Election ID Card ☐ Aadhar Card ☐ Ration Card ☐ Utility Bills not older than 6 months

☐ Rent/Lease agreement with last 3 months' rent receipts ☐ Letter from recognized Public Authority

☐ Bank passbook/ Account Statement with transactions till previous month ☐ Others *(specify)*_____

Any one of the following documents will be accepted as photo identity proof and should be produced in original for verification by SBI Life official along with the form (Tick ✔)

☐ Driving License ☐ Passport ☐ Pan Card ☐ PIO Card with photograph ☐ Election ID Card ☐ Aadhar Card

☐ Armed forces ID Card with Photograph ☐ Bank Passbook with photo ☐ Employer ID Card ☐ Ration Card with photo

☐ **Change in Contact Number / Email ID**

| | Residence | Office | Mobile |
|---|---|---|---|
| Contact No | | | |
| Email ID | | | |

Signature of Policy Holder

*(For office use only. To be filled in by Branch. Confirmation of Customer Visit to Branch is needed only in case of Address Change Requests)*
I confirm that the customer has visited the branch. I also confirm that I have verified the originals of the above documents.

Name & Designation: _____,
Date_____ Employee Code : _____
Branch : _____

Signature of SBIL Employee

Changes done in Portal on _____. Changes done by:
Sign & Name: _____
Designation & Employee Code: _____