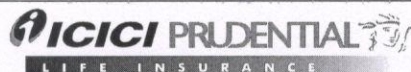


# REQUEST FOR CHANGE IN PERSONAL DETAILS



Policy Number

Date

Barcode

Name of Proposer

Mr./Ms./Mrs.

First Name

Surname

Contact Nos.

STD

Residence

STD

Office

Ext.

ISD

Mobile

E-Mail ID

All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication)

Note: Aadhaar consent is mandatory in case of submission of masked Aadhaar copy for any servicing request.

Change in Name

Proposer  Life Assured  Appointee  Nominee (Please fill the Name as you want it to appear)

Mr./Ms./Mrs.

First Name

Middle Name

Surname

Note: Supporting proofs will have to be submitted as per norms [i.e. Marriage Certificate / Gazette Copy / Adoption Deed / Divorce Deed]

Change in Address



Landmark

Pin Code

Note: Supporting address proofs will have to be submitted as per norms. [i.e. Utility bills / Bank statement / Passport / Driving Licence]

Change in Date of Birth

Proposer  Life Assured  Joint Life Assured  Appointee  Nominee

DOB

Note: Supporting proofs will have to be submitted as per norms. [i.e. Birth Certificate / Driving Licence / Passport]

### GUIDELINES

- DOB change is allowed only once in a policy lifetime.
- DOB changes are subject to underwriting.
- Change in DOB may lead to change in charges.
- In case of corrections, the fluctuation in ULIP policies ( change in NAV) would be borne by the Company. In case of request from the customer for change in DOB, the fluctuation in ULIP policies ( change in NAV) would be borne by the policy Holder.
- The increase in premium due to change in DOB, if any, has to be paid by the policy holder. The difference due to decrease in premium on change in DOB, if any, Shall be refunded to the policy holder post deduction of applicable charges.
- The taxes on the above would be applicable at the prevailing tax rates.
- The funds in the contract may change on rectification of DOB.
- Post Dob changes, in case the customer is not eligible for the product, a suitable plan, if any, would be offered as per our underwriting norms. If it is not possible to grant any other plan, Policy would be cancelled and would be refunded as per policy terms and condition.
- The above rules would be applicable to all other contracts held by the policy holder and changes would be effected in all, irrespective of specific request being received for these.

### Request for Updating PAN

PAN eligible

Yes  No

Reason of not being eligible for PAN

PAN Number

Name (as it appears on the PAN Card)

Document Submitted:

PAN Card Copy  Form 60  Form 61  Declaration in lieu of PAN

### Request for updating GST (If available)

GST Number

Name (as it is registered under GST)

Document Submitted: GST registration certificate

I confirm that the GST number provided by me is correct.

### ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for change in:

Name  Address  Contact Details  Email ID  Date of Birth  Identity Proof  Address Proof  GST Number

Residential Status

Policy Number

Date

STAMP & TIME

**Change in Residential Status**

- Current residential status \_\_\_\_\_ New Residential Status \_\_\_\_\_ for taxation purpose for the current financial year \_\_\_\_\_ and here onwards.
- Document submitted for current address \_\_\_\_\_

**List of valid documents:**

1. Passport
2. Masked Aadhaar card copy (First 8 digits to be masked)
3. Driving License
4. Voter ID card issued by Election Commission of India
5. Job card issued by NREGA duly signed by an officer of the State Government
6. Letter issued by the National Population Register containing details of name, address or any other document as notified by Central Government in consultation with the Regulator

I hereby give consent and voluntarily submit my Aadhaar number to ICICI Prudential Life Insurance Co. Ltd. for the purpose of \_\_\_\_\_ to fulfil "Know Your Customer" regulations in order for my above mentioned servicing request to be processed.

**Signature of Policy Holder (Proposer):** \_\_\_\_\_

**Signature of Assignee\* / Trustee\*:** \_\_\_\_\_

(\*Required in case of Absolute Assignment of Policy)  
 (#Required in case of Policy covered under MWPA)

**Note:** I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Policy / Personal Details are subject to the policy terms and conditions and relevant underwriting guidelines.

**DECLARATION**

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language. Note: Must be witnessed by someone other than the advisor/agent/employee of the Company.

I (Full name of Witness) \_\_\_\_\_ (Relation with Proposer) \_\_\_\_\_ adult and inhabitant of (Address) \_\_\_\_\_

do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood the same.

\_\_\_\_\_  
**Signature of Witness**

**FOR OFFICE USE ONLY:**

ER Request submitted by  C  S  CR  CS

Spaarc Call ID \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Scanning Cabinet \_\_\_\_\_

Received By \_\_\_\_\_

Remarks \_\_\_\_\_

STAMP & TIME
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Kindly call our Customer Service Number 1860-266-7766 (local charges apply)  
 Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

