

Change in Address / Contact Details Update Form

Policy Number: _____

Date: DD/MM/YYYY

Name of the Policy holder: _____

Change in Address/ Contact Details Address Phone No. E-mail ID

	Old Address / Contact Details	New Address / Contact Details
Address (with pin code)		
Mobile		
Landline		
Email		

Signature of the policy holder:

Date: DD/MM/YYYY

Place:

List of proof for Address / Contact Details Change (self-attested)

- Ration Card
- Driving License
- Bank Pass Book
- Election Card / Voters ID
- Passport (unexpired)
- PAN Card
- Aadhaar Card

Note: The above is inclusive but not an exhaustive list as per AML (Anti Money Laundering) clause

Disclaimer

“ In the event of any disagreement in interpreting the contents of the format, the format that was printed in Hindi / English version (as the case may be) prevails as per IRDAI Circular No: IRDAI/ Life/ Life Council/ 2013/ 73 dated 29 April 2014”