IndusInd Nippon Life

Change in Personal/Policy Details Form

Policy No ________ Date DD MM YYYY

Policyholder Details

Name of the Policyholder: FIRST ____ MIDDLE ____ LAST ____

Name of the Policy: ____

Contact No. ____ Email ____

(The above fields are mandatory for processing all servicing requests)

Change of Address

☐ Correspondence address ☐ Permanent address

Correspondence Address/ Permanent address: FIRST ____ LAST ____ FLAT NO.

BUILDING ____ ROAD NAME/NO.

LANDMARK 1

DIST/TALUKA ____ LANDMARK 2

CITY/VILLAGE ____ STATE ____ Pin Code ____

Documents required - Address Proof (Aadhaar card/ Passport/ Electricity bill (2 months)/ Telephone/ Mobile bill (2 months)/ Bank account statement (not more than 3 months)/ Voter's ID/Driving License) or any other valid documents as per prevailing AML-KYC guidelines.

Change of Contact Details

Please mention the new contact details you would like to get rectified/updated in our records

Mobile ____ Alternate Mobile ____ Email ____

Change Premium Frequency

Please change my premium paying Frequency to

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Bank Account Details Updation

Policy Holder Name as per Bank Records: FIRST ____ MIDDLE ____ LAST ____

Bank Name ____ Branch ____

Bank Account No ____ IFSC Code ____

Bank Account type ____

Documents required - Cancelled personalised cheque leaf/ Bank account statement (not more than 3 months) or any other valid documents as per prevailing AML-KYC guidelines.

The above bank account will be updated in your policy/policies and shall be used for processing all future payouts.

PAN Number Updation

PAN Number ____ Documents required - Copy of PAN Card

GST Number Updation

GST Number ____ Documents required - Copy of GST Certificate

Change in Residential status

Current Residential status: RI ☐ NRI ☐ Country, if NRI ____________________

Documents required for residential status change from NRI to Indian

- Customer KYC - Passport with arrival & departure dates
- Visa copy with arrival & departure dates

Documents required for residential status change from Indian to NRI

- Customer KYC - Passport with arrival & departure dates
- Visa copy with arrival & departure dates
- Special Residential Questionnaire. (NRI Questionnaire)
- Form 10F & Declaration
- FATCA CRS Declaration

MKTG/MID/INLIC - Policy Servicing Format/V1/June26

CIN: U66010MH2001PLC167089

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: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that IndusInd Nippon Life reserves the right to take appropriate action

I/we agree that the PAN details and other information provided by me/us in this form maybe used by the Company to download/verify/ register/ update my/our KYC documents on/from the CERSAI* CKYC portal for processing this request, any future applications, or any other requests.

I/We understand that only the acceptable officially valid documents would be relied upon for processing any requests/applications.

*(Central Registry of Securitisation and Asset Reconstruction and security Interest of India).

Signature of the Policyholder

If the signature is in vernacular language, please complete the following declaration

I hereby declare that I have fully explained/ translated the contents mentioned in the Change in Personal/Policy details form to:

	F	I	R	S	T					M	I	D	D	L	E					L	A	S	T								

and I further declare that he/she/they fully understood the meaning there of.

Signature of the Declarant
(Declarant should not be an employee/advisor of IndusInd Nippon Life Insurance)

Date D D M M Y Y Y Y

Name & Address of the Declarant _____

I hereby confirm that I have been explained the content in _____ (Language) and have understood the same.

Signature of the Policyholder

Date D D M M Y Y Y Y

MKTG/MID/INLIC - Policy Servicing Format/V1/June26

CIN: U66010MH2001PLC167089