



Policy No [][][][][][][][] Date [D][D][M][M][Y][Y][Y][Y]

[illegible]

☐ Correspondence address ☐ Permanent address

Correspondence Address/ Permanent address											F	I	R	S	T						L	A	S	T			F	L	A	T		N	O
	B	U	I	L	D	I	N	G										R	O	A	D		N	A	M	E	/	N	O				
																		L	A	N	D	M	A	R	K	1							
	D	I	S	T	R	I	C	T	/	T	A	L	U	K	A				L	A	N	D	M	A	R	K	2						
	C	I	T	Y	/	V	I	L	L	A	G	E							S	T	A	T	E				Pin Code						

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

[illegible]

Please change my premium paying Frequency to

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Policy Holder Name as per Bank Records	F	I	R	S	T			M	I	D	D	L	E							L	A	S	T	
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.

PAN Number

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 Documents required - Copy of PAN Card

GST Number

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 Documents required - Copy of GST Certificate

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

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

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

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

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					
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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
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Name & Address of the Declarant _____

I hereby confirm that I have been explained the content in

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 (Language) and have understood the same.

Signature of the Policyholder

Date

D	D	M	M	Y	Y	Y	Y
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IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited). IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai-400051, India. T +91 22 6896 5000. For more information or any grievance, 1. Call us between 8 am to 8 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.indusindnipponlife.com 3. Email us at customerservice@indusindnipponlife.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. The trade logo displayed above belongs to IndusInd International Holdings Limited & Nippon Life Insurance Company and is used by IndusInd Nippon Life Insurance Company Limited under license.

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