

# Policy Servicing Request Form - 1

## Minor Alterations

For office use only:

Branch:

Employee ID:

Date: DD/MM/YYYY

Signature Verified:  Yes  No

Sar utha ke jiyo!

Please use Black Ink to fill the format

\* Indicates mandatory fields

### Policyholder Details

Policy No.:	
Name of the Policyholder :	
E Insurance A/c No.	

### Correction/Change of Contact / PAN Details

PAN:			
Email Id		Alternate Email Id	
Mobile No.		Landline (Residence) No.	
Alternate Mobile No.		Landline (Office) No.	

Contact details will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate. Email ID will be updated to the system post verifications by the customer.

### Change in Address Communication Address Permanent Address

<input type="checkbox"/> Owner (Policy Holder)	<input type="checkbox"/> Life Assured	<input type="checkbox"/> Nominee / Beneficiary	<input type="checkbox"/> Appointee	<input type="checkbox"/> Assignee	<input type="checkbox"/> Joint Life	<input type="checkbox"/> Trustee
House / Flat No.						
Street / Area						
City / District - Pin code						
State						

This change is applicable to all policies held under your client ID. Please use a separate format if Nominee / Beneficiary / Appointee's address is different from the Life Assured.

**Valid Address Proofs:** Passport, Voter's ID Card, Driving License and Aadhar Card.

### Correction/Change in Name

Role	Present Name	New Name
Life Assured		
Policy Holder		
Nominee / Beneficiary		
Appointee		

For any change/ addition/ deletion of surname due to marriage /divorce / adoption- concerned Govt issued documentary evidence is required.

For any **change in name** a Gazette copy is required.

For any correction in name: valid Govt Age proof is required with the new name and date of birth.

### Correction/Change in DoB

<input type="checkbox"/> Owner (Policy Holder)	<input type="checkbox"/> Life Assured	<input type="checkbox"/> Nominee / Beneficiary	<input type="checkbox"/> Appointee	<input type="checkbox"/> Assignee	<input type="checkbox"/> Joint Life	<input type="checkbox"/> Trustee
Date Of Birth: ____/____/____						
Due to a change in DoB, if the nominee becomes Minor, please provide Appointee details.						
Change in Life assured DOB shall have an impact on underwriting and may lead to additional charges/premium.						

**HDFC Life Insurance Company Limited.** CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

**Regd. Off:** 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

### Customer Acknowledgement Copy (Policy Service Request form 1)

Policy No.:           Request received for: \_\_\_\_\_

Interaction ID: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Stamp

