



- 4. Relevant Documents of Policyholder for change of name of Policy Holder on applicable grounds as per SOP.
- 5. Relevant Documents of Nominee/Appointee for correction of their name as per SOP.
- 6. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of name change request)
- 7. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of name change form)
- 8. Self-Attested medical certificate of insurant from Govt. Hospital/Govt.accredited hospital

Or

Self-attested copy of passport clearly showing visa details and date of departure from India

- 9. Any other document(s), pls specify \_\_\_\_\_

Date : \_\_\_\_\_

I have understood the meaning and scope of the name change request and take complete responsibility of the changes submitted by me/us. Any changes in the Policy/Personal details are subject to the policy terms and conditions and on acceptance of relevant documents submitted.



Thumb Impression/Signature of Policyholder

(If policyholder is illiterate or is signing in a language other than the language of this form, his/her thumb impression/signature must be attested by any Postmaster/ Gram Pradhan, Notary, his/her PLI/RPLI Agent with his/her official seal after explaining the content of this form)

Name: \_\_\_\_\_

Address: \_\_\_\_\_



Signature of the person making the declaration

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(For Office Use Only. To be filled in by receiving CPC PLI Branch)

Certified that I have checked all the documents enclosed and compared with the original documents produced by the Insurant/messenger and verified the averments made in the name change form based on these documents and found no discrepancies.

Date:-

Signature of CPC in-Charge

Name :

Designation:

Office Stamp:

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