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POLICY SERVICE REQUEST FORM

Any alterations/corrections made in the form need to be duly signed by the policy owner. Tick (√) the relevant box Kindly fill in BLOCK LETTERS ONLY																														
Policy no.1 :					Po	olicy	/ No	.2 :									F	Poli	суΝ	lo.3	:									
Client ID:																														
Name of the Policy Owner																														
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☐ Name Change	The change will be affected in all the policies where the Client ID is the same. Women who wish to change the name/surname post marriage are requested to forward a copy of the Marriage Certificate. For all other requests with significant name change, a copy of the gazetted notification is required. Certified true copy(ies) of the supporting document should also be enclosed. Address proof and Photo ID proof with DOB -Self attests and attested by BSLI authorized signatory Policy Owner Life Insured															es)														
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One self attested valid photo id proof (Mandatory) Please carry originals for verification at branch.																														
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Kindly note, this email id will be	use	d for	regist	ration	n of '	Go (Gree	l n' ar	nd wi	II le	ad to	dis	con	tinuance	e of p	 bhys	ical	stat	L eme	nts.	In c	case	you	do	not	لـــــا wish	to or	ot fo	or	
e-statements under 'Go Green', please tick the check box.																														
☐ PAN card updation	L			\perp						Sel	f atte	ste	d ph	otocopy	ν (Ma	anda	itory) Ple	ease	e carı	уо	rigin	als f	or v	/erifi	catio	n at l	orar	ıch.	
Change of Address																														
Landmark														City																
State																	Pir	ı co	de	(Mar	nda	tory	·) [
One self attested valid address proof along with a valid photo id proof (Mandatory): Copy of Telephone bill, Electricity bill (not older than 6 months), Bank Account Statement, Letter from any recognized Public Authority, Ration card, PassportLetter issued by Unique Identification (UIN) Authority of India containing details of name, address and Aadhar number is accepted as valid KYC Identification (Photo Id) and Address proofs. Please carry originals for verification at branch. Address proof and Photo ID proof with DOB -Self attested and attested by BSLI authorized signatory. PREMIUM PAYMENT MODE																														
Do you want to change your premium payment mode ? YES NO																														
Do you want to change your premium payment method to Direct Bill ? YES NO																														
From ☐ Annual ☐ Semi Annual ☐ Quarterly To ☐ Annual ☐ Semi Annual ☐ Quarterly																														
I h	I hereby declare that I understand and agree to all the conditions and information given above.																													
Date d d m m y y y y																														
Signature of the Policy Owner / Assignee																														
Please collect stamped, signe	d an	d du	ly fille	ed ac													you	r cc	mm	nunic	atio	on ir	reg	jarc	d to	this	requ	est		
	Please collect stamped, signed and duly filled acknowledgement slip, which you can refer to for all your communication in regard to this request. Birla Sun Life Insurance Company Limited Regn. No.: 109, Regd. Office: One Indiabulls Centre, Tower 1, 15th & 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road Mumbai - 400013. Contact us: 1-800-270-7000 (Toll Free). www.birlasunlife.com Insurance is the subject matter of the solicitation.																													
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Elphinstone Road Mumbai - 400013. Contact us: 1-800-270-7000 (Toll Free). www.birlasunlife.com Insurance is the subject matter of the solicitation.

Note: Please produce this acknowledgement slip for any communication with regard to this request in future.



PRP No. FOR/2/11-12/5059