

[illegible]

Policy no.1 :	Policy No.2 :	Policy No.3 :

[illegible]

_____ day of _____ 20_____ and the same is witnessed hereunder.

<input type="checkbox"/> Change in Signature		<input type="checkbox"/> Specimen Signature		Bank Seal (Applicable only in case of Bank Attestation)
Signature (OLD)	Signature (NEW)	Specimen Signature 1	Specimen Signature 2	

Bank Employee's Name: _____

Designation:

Employee Code: _____

Signature: _____

Any alterations/corrections made in the form need to be duly signed by the policy owner.

I confirm that the customer has signed in my presence and I authenticate the same.

BSLI Staff's Name*:

Employee Code: _____

Designation:

Branch Name:

Signature: _____

Stamp / Seal of the Branch

Note: Any of the following documents will be accepted as photo identity proof reflecting the above new signature, a copy of which is required to register the new signature, please carry the originals for verification at branch. Address proof and Photo ID proof with DOB -Self attested and attested by BSLI authorized signatory

☐ Driving License ☐ Passport ☐ Banker's Certificate ☐ Pan Card ☐ Bank Attestation

☐ Armed Force ID card with photograph ☐ Bar Council ID for Lawyers with photograph ☐ PIO card with photograph

* This form can be attested by a Branch Head, Business Partner, Business Development Manager, Team Manager (Ops. and Accounts), Branch Mgr., Relationship Mgr., Territory Mgr. Sales, Regional Mgr., Zonal Head or Zonal Manager (Ops.) of Birla sun Life Insurance Company Limited
For Alternate channel : Relationship Head, Zonal Head, Regional Sales Managers and Area Sales Managers, Team Leaders Branch Support.

Birla Sun Life Insurance Company Limited

Regn. No.: 109. Regd. Office: One Indiabulls Centre, Tower 1, 15th and 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 subject matter of the solicitation.

Acknowledgement Slip

Received a request for change in signature /specimen signature against Policy / Application No.:

Date

Policy No.1 :

--	--	--	--	--	--	--	--	--

Client ID :

--	--	--	--	--	--	--	--	--

Policy No.2 :

--	--	--	--	--	--	--	--

Stamp / Seal of the Branch

Policy No.3 :

--	--	--	--	--	--	--	--	--

Birla Sun Life Insurance Company Limited

Regn. No. 109, Regd. Office: One Indiabulls Centre, Tower 1, 15th and 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 subject matter of the solicitation.

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

