

MEMBER LEVEL ALTERATION FORM

MASTER POLICY NO:	
MASTER POLICY HOLDER NAME:	
NAME OF MEMBER:	
EMPLOYEE ID:	
DATE OF JOINING:	

Section-1: Alteration in the records

CHANGE OF NAME

Change in the name of member:

.....
(Title) (First Name) (Middle Name) (Last name)

CORRECTION IN DATE OF BIRTH

New DOB (DD/MM/YYYY) [.....]/[.....]/[.....]/[.....]/[.....]/[.....]/[.....]

CORRECTION IN GENDER DETAILS

The correct Gender details of the member as follows:

CORRECTION IN DATE OF JOINING

New DOJ (DD/MM/YYYY) [.....]/[.....]/[.....]/[.....]/[.....]/[.....]/[.....]

CHANGE IN DESIGNATION

New Designation:

DATE :

PLACE :

SIGNATURE OF TRUSTEES/AUTHORIZED SIGNATORIES:

1. Name of the Trustees/Authorized Person: _____
2. Signature of the Trustees/Authorized Person: _____

Declaration, if this form is signed in Vernacular/Thumb Impression:

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms _____
in _____ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than English in my
presence after fully understanding the contents thereof.

Name of Declarant _____ Signature _____ Date _____ Place _____

Instruction & Disclaimer:


- Kindly fill in the details in English only.
- In the event of any disagreement in interpreting the content, English version will prevail.

Canara HSBC Life Insurance Company Limited
IRDAI Regn. No. 136

Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India


Registered Office Address: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001

Corporate Identity No: U66010DL2007PLC248825

 Call us at 1800-103-0003/1800-891-0003

 E-mail us at customerservice@canarahsbclife.in

 SMS at 7039004411

 Visit our website at www.canarahsbclife.com