

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.

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