

Please update your latest Bank Account details with us.

Received By

Signature

Date and Time of receipt _____

Master Policy No.:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

AND

COI No.

Original Certificate of Insurance issued by the Insurance company needs to be attached with this form as a mandatory document.

Account details are required, if member is interested for direct transfer to his/her account:

ACCOUNT NUMBER:

BANK NAME:

BRANCH DETAILS:

IFSC CODE:

REASON FOR CANCELLATION:

PAN NO.:

I/We authorize the Company to seek/ store or/and to share my KYC details from/ with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/UIDAI (iv) reinsurers/group companies/hospital or diagnostic centers/other insurance companies or third parties for underwriting assessment, claim investigation/ settlement, KYC authentication, policy servicing purpose and such like purposes.

Name of Insured Member

Date

1. **What is the primary purpose of the study?** (Please check one box)

Signature/Thumb Impression of Insured Member

Signature of Bank Authorized Signatory with Bank Stamp

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.
- The original form will be submitted back to the customer incase request taken through Distributor App.

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: U66010BL2007PLC248825