

POLICY SERVICING FORM FOR GROUP POLICIES

FOR OFFICE USE ONLY /
केवल कार्यालय के उपयोग के लिए

Received By

.....

Signature

Date and Time of receipt

.....

Master Policy No.:

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

COI No.:

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

PAN No.:

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Please update your latest Bank Account details with us.

CHANGE OF ADDRESS / CONTACT DETAIL

The new contact details:

The new address should be updated as –

Permanent Address ☐ Office Address ☐ Current Address ☐

Address.....

.....

City State Pin no.....

Mobile Landline

Email ID

This address to be updated as Communication address : Yes No (Please tick as applicable)

*List of acceptable Address Proofs : [Please tick the type of address proof submitting along this form]

Passport

☐

Utility Bill (not older than 2 months)

☐

Driving License

☐

Letter issued by National Population Register
containing name, address

☐

Voter's ID Card issued by Election Commission
of India

☐

Any other document as notified by Central Government
in consultation with Regulator (i.e. IRDAI)

☐

Job Card by NREGA signed by
an officer of the State Govt.

☐

Pension or family pension payment orders (PPO) issued
to retired employees by Govt departments or PSUs,
if they contain address.

☐

Property or municipal tax receipt

☐

Letter of allotment of accommodation from employer issued by Central or State Govt departments,
Statutory or Regulatory bodies, PSUs, Financial Institutions and listed Companies and Leave and
License agreement with such employers, allotting official accommodation.

☐

Others (Please Specify) _____
(will be subject to Company's discretion for acceptance)

CORRECTION OF NAME

Life Assured ☐ Nominee ☐ Appointee ☐

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

Request you to kindly submit duly signed Policy Servicing form along with following additional documents as applicable in order to proceed with your request.

Type of Identity Proof: Passport ☐ Driving License ☐ Birth Certificate ☐ Pan Card ☐ Others (Please specify)

Request you to kindly submit duly signed Policy Servicing form along with self-attested valid identity proof in order to proceed with your request.

CHANGE REQUEST FOR

Nominee ☐ Appointee ☐ Relationship with life assured.....

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

I, _____, would like to change my Nominee/Appointee
for above mentioned Policy, due to following reason _____

CORRECTION OF DATE OF BIRTH

Are you making the request while you are in US. Yes ☐ No ☐

Life Assured ☐ Nominee ☐ Appointee ☐

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

Type of Age Proof: Passport ☐ Driving License ☐ Birth Certificate ☐ Pan Card ☐ Others (Please specify).....

Request you to kindly submit duly signed Policy Servicing form along with self-attested valid age proof in order to proceed with your request.

CORRECTION OF GENDER

Are you making the request while you are in US. Yes ☐ No ☐

Life Assured ☐ Nominee ☐ Appointee ☐

Type of Identity Proof: Passport ☐ Driving License ☐ Birth Certificate ☐ Pan Card ☐ Others (Please specify)

Request you to kindly submit duly signed Policy Servicing form along with self-attested valid identity proof in order to proceed with your request.

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 Member Insured

Date

Signature/Thumb Impression of Member Insured

Note: Please route your request through concerned bank branch.

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.
- There are restrictions on requests of Top-ups, Increase or Decrease in Sum Assured, Changes in Funds (including Fund Switch and Redirection), Revival of Policies, any request that results in change of premium or policy feature while the customer is in the US. We reserve the right to restrict any other policy servicing request basis the applicable US Laws. Please contact our call center for further Information.
- The original form will be submitted back to the customer incase request taken through Distributor App.


Canara HSBC Life Insurance Company Limited

(formerly known as Canara HSBC Oriental Bank of Commerce 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 1800-103-0003/1800-180-0003/1800-891-0003

 E-mail us at customerservice@canarahsbclife.in

 SMS at 7039004411

 Visit our website at www.canarahsbclife.com