



aapke vaade,  
sar aankhon par

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.