



PSA000101

Policy/Application Number

Date / /

For Office Use Only

Received By _____

Signature

(Please mention above Employee Bank Staff Name & Designation)

Date & Time of Receipt/ _____

Date & Time of Dispatch of Request _____

Received Stamp

Please update your latest Bank Account details with us.

Change Of Contact Details (Mandatory valid self attested proof to be submitted)¹

(Please tick as applicable)

Office

Current

Permanent

Update new address as communication address?

Yes No

Update applicable for Policyholder Life Assured Nominee

Appointee Assignee

Address _____

City _____ State _____

**Country _____ Pin Code

*Mobile

Residence Ph

Please tick this box, if you want us to contact you on the above mentioned contact number for future communication purpose.

*Email _____

CKYC No.

*Details are mandatory to be filled.

**If Country is other than India then please submit FATCA/CRS Questionnaire available on our website.

Change of Signature

I, _____ wife/daughter/son of _____ resident of _____ do

hereby solemnly affirm and declare as under:-

- I state that I am the Policy holder / Assignee of the above mentioned Application/Policy Number with Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd.
- I state that my name and address mentioned here are correct.
- I herewith inform that I have changed my signature and hence would like to update my changed signature in your records for all my future correspondence.

Old Signature
(Please provide the signatures within the box)

New Signature
(Please provide the signatures within the box)

Name of Policy Holder/Assignee _____

Date / /

I am enclosing herewith the following document(s) as proof of change in my signature.

Specimen signatures attested by the bank in which I hold an account / A copy of self attested ID proof (Eg. Passport, Driving License, PAN Card, Voter ID, etc.)

I hereby confirm that the contents of this letter are true and correct. Kindly do the needful to change my signature in your records.

Confirmed on this _____ day of _____ at _____



Specimen Signature of Policyholder

Signature/Thumb Impression of Policy Holder

Updation of Bank Account Details

I hereby request you to update my bank account as per the details furnished below

Bank Account Holder Name:

Bank Name:

Bank Branch Address:

Bank Account Type: Savings Current

(Is the selected account NRE : Yes No In case of NRE account, kindly submit supporting documents to show that all the premium payment towards the policy was made from NRE account and submit FATCA/CRS Questionnaire available on our website.)

Bank Account Number:

MICR Code:

(9 digit number available on your cheque book. Correct code to be provided if the 9 digit number available on the copy of cancelled cheque starts with '000')

IFSC Code:

(11 digit number available on your cheque book; attestation by the Bank in case if this is not printed on the cancelled cheque)

PAN Card Number:

List of supporting documents submitted along with this form (tick as applicable) /

A copy of 'Cancelled' cheque (Account number and account holder name should be 'printed') Self attested copy of passbook (Account number and account holder name should be 'printed' on the passbook)

OR

Self-attested copy of Bank Statement
(Mandatory in case of NRE payment; statement reflecting transactions of the premium paid from NRE account)

- I hereby declare that the Bank account particulars furnished are true, correct and complete in all aspects.
- I understand and agree that the submission of this form does not mean that the request will be acceded.
- If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.
- I understand and agree that, under the circumstances where in the electronic payment is not possible, the Company reserves the right to use any alternative payout option as per applicable laws.
- 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.

Vernacular Declaration (to be filled if this form is signed in Vernacular/affixed 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 of Declarant _____ Date _____ Place _____



Instruction & Disclaimer:

- Product specific requests/funds will be allowed, only if it is applicable under the respective terms & conditions of the Policy. Please refer to the terms and conditions of the Policy for details. The formats for additional documentation can be downloaded from our website.
- Processing of the requests will be initiated on receipt of this form at any of our Company's Offices.
- Register now on our website to avail the benefits of various options for on-line servicing of your Policy.
- The original form will be submitted back to the customer incase request taken through Distributor App.
- Kindly fill the form in English.
- In the event of any disagreement in interpreting the language, English version will prevail.