ALTERATION REQUEST –GROUP SWADHAN

To,
The Manager - Operations,
SBI Life Insurance Co. Ltd.

Policy No: ☐☐☐☐☐☐☐☐☐☐ **Member ID:** ☐☐☐☐☐☐☐

Bank A/c No ☐☐☐☐☐☐☐☐☐☐

Name of the Life Assured: Mr./Mrs./Ms. _____

Kindly amend my member details with the below changes.

1.ADDRESS

Address1:- _____

Address2:- _____

City - _____ **Pin Code -** _____

State - _____

Tel): (R) ☐☐☐☐☐ - ☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐
(S.T.D Code) (Phone Number)

Note:- If change in address one of the following Proof of address should be enclosed- Not required for correction in address*

☐ **Driving License** ☐ **Bank Passbook** ☐ **Passport** ☐ **Electric Bill** ☐ **Ration Card**

☐ **Valid Lease agreement & rent receipt not older than 3 months** ☐ **Letter from Public authority**

2. Change / Correction in Name : *(☐ Life Assured/ ☐ Nominee)*

Old Name :- _____**New Name:-** _____

*(Kindly attach supporting documents such as copy of marriage certificate, gazette copy etc. for **change** in name)*

3. Correction in D.O.B. (DD/MM/YYYY) : *(☐Life Assured/ ☐Nominee)*

☐☐-☐☐-☐☐☐☐ instead of ☐☐-☐☐-☐☐☐☐

(Kindly attach attested copy of age proof such as School Leaving Certificate, PAN Card, Driving License, Passport

Date:
Place:

Life Assured's Signature :

BANKERS CERTIFICATION

Certified that the COI details and Account Number Details are Correct and matches with the details provided to the bank.

Branch Manager

Name:……

Seal

Branch Seal

Enclosures:- 1)

SBI Life Insurance Co. Ltd.
H.O.- Central Processing Centre: Kapas Bhavan, Plot No:3A, Sec-10, CBD Belapur, Navi Mumbai-400614
Call us at 1800 222 123*(toll free)* **or 1800 419 9010**