

Change in Photograph Form

	Date: D D M M Y Y Y
To, SBI Life Insurance Co. Ltd.	Affix Photograph
Sir/Madam,	
Re: Change of Photograph for your records under the Policy No	-
	red by my Banker / Principal of education
I, Mr./Mrs./Ms given above my New photograph attest institute/ Gazette officer, for your records and counter sign by the policy holder.	ed by my Banker / Principal of education
mediate. Season officer, for your records and counter orgin by the policy holder.	
Specimen 1.	
Specimen 2.	
Specimen 3.	
Na	Signature of the Authority
	amp/Seal:
Declaration when the signature of the Life Assured is in a Vernacular language or in case of thumb impression hereby declare that I have explained the contents of this form to the Policy Holder in Language, that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof	
Signature of the person making the declaration	
Name & Address:	