

REQUEST FOR CHANGE IN CONTACT DETAILS



Apne liye. Apno ke liye.

Instructions:

1. Request for Address change has to be submitted in person at any of the branches of SBI Life Insurance Co. Ltd.
2. Permanent Address must be of India and cannot be given as that of employer.

To,
SBI Life Insurance Company Ltd.,
Branch _____

Date : D M Y Y Y Y

Policy No:

Name of the Policy Holder:

I request you to kindly note my new address and/or Phone number given below in your records. I further request you to kindly send all your communications to the address given below henceforth.

Change in Address (Tick ☒ One)

☐ Correspondence

☐ Permanent

☐ Both

House & Bldg / Society

Road / Sector & Landmark

City/Village & Taluka

State

Pin

Country

Any one of the following documents will be accepted as Residence Proof and should be produced in original for verification by SBI Life Official along with one Photo Identity Proof and the form (Tick ☒)

☐ Driving License

☐ Passport

☐ Election ID Card

☐ Aadhar Card

☐ Utility Bills not older than 2 months

☐ Bank Passbook/ Account Statement with transactions till previous month

☐ Others (specify) _____

Any one of the following documents will be accepted as Photo Identity Proof and should be produced in original for verification by SBI Life official along with the form (Tick ☒)

☐ Driving License

☐ Passport

☐ Pan Card

☐ Election ID Card

☐ Aadhar Card

☐ Armed forces ID Card

☐ Others (Specify) _____

In case Aadhaar card is provided as ID or Address proof

☐ I hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies

☐ Change in Contact Number / Email ID

Residence

Mobile

Office

Email ID:

Signature of Policy Holder

Declaration to be given when the signature of the Policy holder is in a vernacular language or has affixed thumb impression:

I hereby declare that I have explained the contents of this form to the policy holder in _____ Language and that the policy holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof.

Name:

Address:

Occupation:

Contact No.:

Signature of the Person making the Declaration:

(For office use only; to be filled in by the Branch)

Name:

Designation:

SBI Life Employee Code:

Branch:

Date: D M Y Y Y Y

I, confirm that I have verified the above mentioned documents.

Signature of SBIL official