



<p align="center"><b>Policy Servicing Request Form</b></p> <p><b>1. Correction in Name</b>  <b>2. Change in Correspondence Address</b>                  (Single request form is applicable for all policies)</p>	Branch Name: _____ Received at branch on: _____ Received by: _____
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Policy Number:

Policyholder's name:  (First Name)  (Middle Name)

(Last Name)

**CORRECTION IN NAME (Tick One)**

Policy holder    
  Life assured    
  Nominee / Beneficiary    
  Appointee

General Rules:

- The change will be effected in all the policies where the client exists.
- For married women with a change in surname, only a declaration for a change in maiden name is required.
- For all other requests involving significant name change a "Gazette copy" is required.
- All the supporting documents should be countersigned by the Life assured / Policy holder.

Title (Tick one):  Mr.  Mrs.  Ms.  Others

Policyholder's name:  (First Name)  (Middle Name)

(Corrected Name)  (Last Name)

**CHANGE IN CORRESPONDENCE ADDRESS (Multiple sections allowed incase of common address)**

Policy holder    
  Life assured    
  Nominee / Beneficiary    
  Appointee

General Rules:

- The change will be effected in all the policies where the client exists.
- Self attested documentary proof of the new address is mandatory (\*Turn overleaf for list of documents admissible as proof of residence).
- Mobile number or any one of the landline number is mandatory.

New Address:

House/Flat No:

Street/Area:

Landmark:

City/District:  Pin Code

State:

Mobile No:

Telephone No (Res):  STD Code

Telephone No (Off):

Email ID:

**DECLARATION OF LIFE ASSURED/LIVES ASSURED/ POLICY HOLDER**

I / We declare that the information I / We have given is factually correct and true. I / We have not withheld any material information that may influence the assessment or acceptance of this application, else the contract based on the above information will be treated as void.

Policy Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Policy Holder's Name: \_\_\_\_\_

**CUSTOMER ACKNOWLEDGEMENT COPY (Correction in Name/Change in Correspondence Address)**

Policy Number: _____	Policyholder name: _____
Branch: _____	Date & time stamp: _____

Declaration to be made by a third person where:

- The life assured has affixed his/her thumb impression; OR
- The life assured has signed in vernacular; OR
- The life assured has not filled the application.

I hereby declare that I have explained the contents of this application form to the life to be assured in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence

Declarant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Declarant Address \_\_\_\_\_

\_\_\_\_\_

#### LIST OF DOCUMENTS ADMISSIBLE AS PROOF OF RESIDENCE

- Telephone Bill (less than 3 months old)
- Electricity Bill (less than 3 months old)
- Credit card statement (less than 3 months old)
- Bank statement / pass book (showing transactions within the last 6 months)
- Valid lease agreement along with rent receipt (not more than 3 months old)
- Passport
- Driving license
- Ration Card
- Letter from an organized sector firm / public sector co. / armed forces / government departments – along with latest salary slip
- Letter from any recognised public authority / public servant (less than 6 months old in specified format)
- Bank verification letter (less than 6 months old in specified format)
- Consumer gas connection card / book (with transactions within the last 3 months)
- Gas bill / gas connection letter (less than 3 months old)
- Water tax bill (less than 3 months old)

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