IDBI FEDERAL
In association with Ageas
IDBI Federal Life Insurance Co Ltd

Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W). Mumbai - 400013.
Toll Free: 1800 102 5005 (For non-MTNL subscribers), 1800 22 1120 (For MTNL subscribers). E-mail: support@idbifederal.com.
www.idbifederal.com

APPLICATION FOR GENERAL CHANGES

(Kindly fill in Block Letters)

Policy Number		Date	
Name of Policy Owner			
Mobile No.		Tel No.	

☐ Tick here if applicable **CHANGE OF MAILING ADDRESS & CONTACT DETAILS**

Address	
City	
State	PIN
Email ID	
Documents to be submitted	1. Address Proof ☐

☐ Tick here if applicable **CHANGE OF PREMIUM PAYMENT MODE & SOURCE OF PAYMENT**

Mode:	☐ Annual	☐ Semi-annual	☐ Quarterly	☐ Monthly*
Source:	☐ Direct	☐ ECS	☐ Standing Instructions	
Bank A/c No:				
Bank Name:				
Bank Branch:				

Documents to be submitted	**For Standing Instructions:** 1. Debit authorization form ☐	**For ECS:** 1. ECS Form ☐ 2. Cancelled cheque ☐

DECLARATION

IDBI Federal Life Insurance Co Ltd

No request shall be deemed to be treated valid and effective unless received by IDBI Federal Life Insurance Co Ltd (hereinafter referred to as 'IDBI Federal') during the lifetime of the Insured and is finally accepted and recorded by IDBI Federal. The receipt of this form by the agent does not constitute receipt/acknowledgement by IDBI Federal.

Customer

I/we hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and forms a part of the said policy.
I/we understand that (i) IDBI Federal may be unable to process this application if I/we fail to provide any further information requested by IDBI Federal and (ii) I/we have the right to obtain access to and to request correction of any personal information held by IDBI Federal concerning me/us.

Signature of Policy Owner (Assignee/Trustee)

D D / M M / Y Y Y Y

Signature of Witness/Agent

D D / M M / Y Y Y Y