

IDBI Federal Life Insurance Co Ltd

IRDAI Regn. No. 135. | Corporate Identity Number: U66010MH2007PLC167164.
 22nd Floor, A Wing, Marathon Futurex, N. M. Joshi Marg, Lower Parel (E), Mumbai - 400013.
 Toll Free: 1800 209 0502 (Monday to Saturday; 8 am to 8 pm). E-mail: support@idbifederal.com.
www.idbifederal.com

APPLICATION FOR GENERAL CHANGES


(Kindly fill in Block Letter and Use Black Ink)

POLICY INFORMATION																															
POLICY NO																		DATE		D	D	M	M	Y	Y	Y	Y				
POLICY OWNER NAME								F	I	R	S	T	N	A	M	E	M I D D L E N A M E								L A S T N A M E						
UPDATION OF POLICY HOLDER IDENTIFICATION DETAILS																															
PAN No																															
CKYC No																															
EIA No																															
Self Attested copy of valid KYC is Mandatory for processing any request																															
CHANGE OF ADDRESS																															
																								<input type="checkbox"/> Mailing Address			<input type="checkbox"/> Permanent Address			<input type="checkbox"/> Both	
ADDRESS																															
CITY																															
STATE																															
PIN																															
Valid Documents (Any One)																															
<input type="checkbox"/> Passport Copy <input type="checkbox"/> Voter Id Copy <input type="checkbox"/> Driving License Copy <input type="checkbox"/> Job Card Issued by NREGA <input type="checkbox"/> Letter issued by National Population Register																															
CHANGE OF CONTACT DETAILS																															
MOBILE NO																															
EMAIL ID																															
LANDLINE NO																															
Note: Your email id will be registered for "Go Green" and all future communications regarding your policy/ies will be sent to this email id. This may lead to discontinuance of physical statements.																															
CHANGE OF PREMIUM PAYMENT MODE & SOURCE OF PAYMENT																															
MODE																															
<input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY*																															
SOURCE																															
<input type="checkbox"/> DIRECT <input type="checkbox"/> NACH (NATIONAL AUTOMATED CLEARING HOUSE)																															
BANK A/C NO																															
BANK NAME																															
BANK BRANCH																															
IFSC CODE																															
1. Cancelled cheque (Preprinted name of account holder) or bank statement/Pass book copy duly attested by bank. 2. If 'NEW ACCOUNT' is mentioned on the cheque then we require self attested bank statement / passbook copy. 3. *For Monthly Payment mode NACH Form is mandatory along with two months advance premium.																															



Acknowledgment Slip

Received a request for General Change against policy no on



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

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DECLARATION (By Person filing the form on behalf of the policy holder for forms signed in Vernacular languages or Thumb Impression)

Signature of the Policy Holder/ Assignee	PLACE																			
	DATE	D	D	M	M	Y	Y	Y	Y											

I _____, having known the policy holder for a period of _____ years do declare that I have explained the nature of questions contained in this form to the policy holder. I have also explained that the answers to the questions form the basis for accepting this request.

I hereby give my consent to IDBI Federal Life Insurance to contact me or send any communication related to my policy/ies on my mobile number/email ID.
I hereby give my consent to IDBI Federal Life Insurance to send any communication related to my policy/ies on my Whats App Account.

Signature of the Person filling the form on behalf of the policy holder	PLACE																			
	DATE	D	D	M	M	Y	Y	Y	Y											

FOR OFFICE USE

Date

D	D	M	M	Y	Y	Y	Y
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 TIME (Tick) BEFORE 3pm AFTER 3pm

Place _____ Stamp of the Branch: _____ Signature of the Official: _____

Note: Original documents have to be duly verified by the authorised branch staff.

GENERAL INSTRUCTION

1. Address on the KYC proof should match with the change in address requested on the form.
2. For Permanent address change KYC documents are mandatory
3. Policy holder should carry original KYC address/ID proof for verification at branch.
4. All documents have to be attested by the policy holder & branch personnel post verification of Originals.
5. For Mode change request, Branch should check availability of requested mode before accepting the request.
6. Request must be received from Life Assured upon auto vesting.
7. In case policy is assigned, request needs to be signed by Assignee.