

PAN Updation Form

Date:

D	D	M	M	Y	Y	Y	Y
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Dear Advisor,

Please fill the details in the table below and submit to the Customer Executive (CE) of your branch

All fields are mandatory

Advisor Details

Reliance Nippon Life Branch																				
Advisor Name																				
Advisor Code																				
Date of Birth	D	D	M	M	Y	Y	Y	Y	Phone No. (with STD code)	STD	ISD	Code	L	A	N	D	L	I	N	E

PAN Details

PAN

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I hereby declare that the details listed above are true.

Advisor Full Signature

I confirm that I have verified the agent's signature with PAN card.

Branch CE Signature & Stamp

Instructions

Please attach PAN here and then scan the form

----- **For office use** -----

Upload the scanned image of this form in ECRM

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