

# 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