Change in Personal/Policy Details Form

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Policyholder Details																													
Name of the Policyholder	r	F	R	S	Т					$\wedge \wedge$		D	D	L	Е										L	А	S	Т	
Name of the Policy																													ī
Contact No.										Em	ail																		ī
(The above fields are m	andat	ory for	proc	essin	g all s	ervici	ng re	ques	sts)	_																			
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CITY	/	\vee	L	L	А	G	Е							S	Т	А	Т	Е				Pin (Code						
Documents required - Ad														ne/ N	Λobile	e bill	(2 m	onths	/ Ban	ık acı	count	state	ment	(not	more	than	3 mo	onths)/	
Voter's ID/Driving License		ny otne	r valla	docu	iments	as p	er pre	evallir	ng An	/IL-KY	L gu	iaeiine	es.																
Change of Contact Deta Please mention the new		t detail	s voli	would	d like t	o det	rectif	ied/u	ndat	ed in (our r	ecord	c c																
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Policy Holder Name as p	er Ban	K Reco	ras			R	S	4			\perp	W		D	D		E			_			_	_		. A	\ S		_
Bank Name																		Brar	ich	L									_
Bank Account No																		IFSC	Code	:									
Bank Account type																													
Documents required - Co	ancelle	d perso	onalis	ed ch	eque l	eaf/ E	Bank (accou	unt st	ateme	ent (r	not mo	ore th	an 3	mon	ths) c	or any	othe	r vali	d doc	ume	nts as	per	prevo	iling .	AML-	KYC (guidelin	es.
PAN Number Updation																													
PAN Number							Docu	ımen	ts rec	quired	- Co	py of	PAN	Card															
GST Number Updation																													
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GST Number Change in Residential s	status_						Docu	ımen	ts rec	quired	- Co	ppy of	GST (Certif	icate														
		NRI		Counti	ry, if NI					quired			GST (Certif	icate														
Change in Residential s	s: RI					RI				•			GST (Certif	icate														

Documents required for residential status change from Indian to NRI

- Customer KYC Passport with arrival & departure dates
- Visa copy with arrival & departure dates

• Form 10F & Declaration

- FATCA CRS Declaration
- Special Residential Questionnaire. (NRI Questionnaire)

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Note: I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Policy / Personal details are subject to the policy terms and conditions and relevant underwriting guidelines.

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that Reliance Nippon Life reserves the right to take appropriate action

Signature of the Policyholder

If the signature is in vernacular language, please complete the following declaration	
I hereby declare that I have fully explained/ translated the contents mentioned in the Change in Personal/Policy details form to:	
F I R S T M I D D L E L A S T	
and I further declare that he/she/they fully understood the meaning there of.	
Signature of the Declarant (Declarant should not be an employee/advisor of Reliance Nippon Life Insurance)	Date D M M Y Y Y
Name & Address of the Declarant	
I hereby confirm that I have been explained the content in	(Language) and have understood the same.
Signature of the Policyholder	Date D D M M Y Y Y

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No. 121. Registered & Corporate Office: Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai - 400051. India. T+9122 6896 5000. For more information or any grievance, 1. Call us between 9 am to 6 pm, Monday to Saturday (except public holidays) on our Toll-Free Number - 1800 102 1010 or 2. Visit us at www.reliancenipponlife.com 3. Email us at: rnlife.customerservice@relianceada.com. 4. Chat with us on our WhatsApp number (+91) 7208852700. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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