FORM FOR CHANGE IN SIGNATURE
(In case of dual signatures)

ICICI PRUDENTIAL LIFE INSURANCE

Policy Number | | | | | | | | | **Date** D D M M Y Y Y Y

Name of Proposer Mr./Ms./Mrs. First Name Surname

Contact Nos. STD Residence STD Office Ext. ISD Mobile

E-Mail ID

All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication)

I hereby declare that the below mentioned specimen boxes have my signatures provided on _____ day of _____, 20 ____ and the same is witnessed hereunder. I further state that henceforth, the signature as appended below should be considered for all future requests received for this policy.

Specimen Signature One (Old)	Specimen Signature One (New)
Specimen Signature Two (Old)	**Specimen Signature Two (New)**

Name of Bank: _____

Bank Account Number: _____

Date of Birth of Bank Account Holder: _____

BANK ATTESTATION (To be filled by the Bank official)

Name of Bank Employee: _____

Bank Employee Code: _____

Branch Name: _____

BANK SEAL

FOR OFFICE USE ONLY:

Date D D M M Y Y Y Y

Name of Branch In Charge(BIC): _____

BIC Employee ID: _____ **Spaarc Call ID** _____

Scanning Cabinet: _____

Branch Name: _____

STAMP & TIME

_____
Signature of Branch In Charge

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for Change in Signature:

Policy Number | | | | | | | | | **Date** D D M M Y Y Y Y

Name of Proposer: _____

Branch Name: _____

Received By | | | | | | | | | | | | | | | | | | | | | | | | | | |

STAMP & TIME