CONSENT FORM FOR SHARING POLICY DETAILS

ICICI PRUDENTIAL LIFE INSURANCE

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

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

Contact Nos. STD Residence STD Office Ext. ISD Mobile

E-Mail ID

[A] Consent for sharing policy details with servicing agent:

☐ I / we provide our consent to share policy details [like fund value, unit statements, portfolio statements, bonus amount, etc] with my / our servicing agents for the following policies:

SR. NO.	POLICY NUMBER	AGENT NAME
1		
2		
3		
4		
5		

[B] Request for not sharing policy details with servicing agent:

☐ I / we do not wish to share our policy details with my / our servicing agents for the following policies:

SR. NO.	POLICY NUMBER	AGENT NAME
1		
2		
3		
4		
5		

_____

Signature of Policyholder / Assignee
[in case of absolute assignment]

Comm/Form/CFFSPD/1.0

ACKNOWLEDGMENT FOR REQUEST TO SHARE FUND DETAILS

Application / Policy No.

Name of Policy Holder _____

Branch Name _____

Stamp

Date D D M M Y Y Y Y **Received By** _____