REQUEST FOR CHANGE IN ADVISOR DETAILS							
Advisor Code Date D M M Y Y Y Advisor Name							
PLEASE FILL THE DETAILS WHEREVER APPLICABLE							
Change in Name (Please fill the Name as you want it to appear) Image:							
Change in Address							
Change in Date of Birth DOB DOB MM Y Note: Supporting proofs will have to be submitted as per norms. [i.e. Birth Certificate / Driving Licence / Passport]							
Change in Contact Details Contact Nos.							
Composite License Conversion / Merger of Licence Life Licence Number General Licence Number Note: Post merger, the licence which is going to expire first or is already expired will be retained.							
Prupartner ID New ID Creation ID Resetting							
Rectification in Licence							
Rectification in Welcome Kit Reason for Rectification							
Request for NOC Request Letter Submitted Yes No							
ACKNOWLEDGEMENT SLIP This is to acknowledge the receipt of application for change in: Name Address Date of Birth Contact Details Composite License Conversion Prupartner ID Licence Rectification Welcome Kit Rectification NOC Request PAN Updation Request for cancellation of License Aadhaar Updation GSTIN Updation Notice of Advisor Nomination STAMP Advisor Code Date D M Y Y Received By U U U U U U U U U U							

	Request for Updating PAN							
	PAN Available Yes	No						
	PAN Number							
	Name (as it appears on the PAN Card)							
	Document Submitted:	PAN Card	Сору					
	Request for Updating Aadhaar							
	Aadhaar Number							
	Name (as it appears on							
	Document Submitted: Aadhaar Card Copy							
	Request for Updating GSTIN							
	GSTIN Number							
	Name (as it appears on							
	the GSTIN Certificate)							
	Document Submitted:	STIN Certif	icate GSTIN Ackno	owledgment Copy				
	Notice of Advisor Nominatio	on						
	Appointment of Fresh Nominee		ge of existing Nominee(s)	as given below				
	Name of Nominee Dat	e of Birth	Mobile no & Email id	Communication Address	Relationship with Advisor	Gender Share %	,	
	In case the nominee is minor,	, please fill	Appointee details					
	Execute at Th	ne	day of	, 20				
APPOINTEE(S) DETAILS: MANDATORY, IF NOMINEE IS A MINOR (Appointee must be above 18 years of age)								
	The nominee(s) being minor, I h							
	Name of Appointee Dat	e of Birth	Mobile no & Email id	Communication Address	Relationship with Nominee	Gender Share %	,	
	In case the nominee is minor,	, please fill	Appointee details					
	Execute at Th	ne	day of	, 20				
	Signature of the Advisor:							
	Signature of the Advisor: 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 Personal	Details are	e subject to the verification	on of supporting documents.				
FOR OFFICE USE ONLY:								
	Spaarc Call ID		Date		Y	STAMP		
	Scanning Cabinet		Receiv	ed By		а ТІМЕ		
		k	Cindly call our Customer Ser	rvice Number 1860-266-7766 (loca	l charges apply)			
	Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)							
			Auro					
			VICIC	PRUDENTIA				
			LIFE I	N S U R A N C E				
Communication Address								
	ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097.							