18S 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

Barcode

Signature change request submitted for ☐ Life Assured ☐ Proposer

Name of Proposer/ Life Assured _____
Mr./Ms./Mrs. First Name Surname

Contact Nos. _____
STD Residence STD Office Ext. ISD Mobile

E-Mail ID _____

Identity proof submitted ☐ PAN ☐ Passport ☐ Driving License ☐ Aadhar card ☐ Voter ID card

Identity proof number _____ **validity date (if applicable)** D D M M Y Y Y Y

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)

Please note-
Kindly provide only new signature incase you don't remember your old signature.
If the request is submitted along with any payout request then attestation from the bank should be provided in which the payout will be credited.

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 & SIGNATURE

FOR OFFICE USE ONLY:

☐ **ER** **Request submitted by** ☐ **C** ☐ **S** ☐ **CR** ☐ **CS**

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

COMP/DOC/Oct/2019/110/2774