REQUEST FOR CHANGE IN PERSONAL DETAILS
Change in Personal Details: Life Assured Proposer
Policy Number Date D M Y Y Y
Name
Mr./Ms./Mrs. First Name Surname Contact Nos.
STD Residence STD Office Ext. ISD Mobile
ISD Alternate Mobile Address ISD
E-Mail ID Alternate E-Mail ID
*CKYC Number/KIN (If available)
*To know your CKYC/KIN identifier visit the web Portal (www.karvykra.com or www.cvlkra.com) 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)
Note: If the life assured's details are being updated on account of auto-vesting,updation of the Life Assured's contact details, email ID and address is mandatory. The remaining details need not be filled.
Aadhaar consent is mandatory in case of submission of masked Aadhaar copy for any servicing request. Documents required: 1) Recent Photograph 2) PAN 3) Any of the (OVD) Officially valid document (List of OVDs is mentioned below)
Change in Name Proposer Life Assured Appointee Nominee (Please fill the Name as you want it to appear)
Mr./Ms./Mrs. First Name Middle Name Surname
Documents required: 1) Recent Photograph
2) Any of the (OVD) Officially valid document (List of OVDs is mentioned below) 3) Supporting proof (Marriage Certificate / Gazette Copy / Adoption Deed / Divorce Deed)
Change in Address I
Documents required: 1) Recent Photograph
2) PAN 3) Any of the (OVD) Officially valid document (List of OVDs is mentioned below)
Change in Date of Birth Proposer Life Assured Joint Life Assured Appointee Nominee DOB D D M M Y Y Y
GUIDELINES
 DOB change is allowed only once in a policy lifetime. DOB changes are subject to underwriting.
 Change in DOB may lead to change in charges. In case of corrections, the fluctuation in ULIP policies (change in NAV) would be borne by the Company. In case of request from the customer for change in DOB, the fluctuation in
 ULIP policies (change in NAV) would be borne by the policy Holder. The increase in premium due to change in DOB, if any, has to be paid by the policy holder. The difference due to decrease in premium on change in DOB, if any, Shall be refunded
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Change in Residential Status	
Current residential status New Residential Status year and here onwards.	for taxation purpose for the current financial
Document submitted for current address	
 Documents required: 1) Recent Photograph 2) Any of the (OVD) Officially valid document (List of OVDs is mentioned belowed) 3) Signed request letter 4) In case of residential status to be changed to NRI from Indian Resident the 	
OVD Officially valid documents	
 Passport Proof of possession of Aadhaar (First 8 digit of Aadhaar should be in the m Driving License Voter ID card issued by Election Commission of India Job card issued by NREGA duly signed by an officer of the State Governme Letter issued by the National Population Register containing details of nam Government in consultation with the Regulator 	ent
I have voluntarily submitted my aadhaar card and hereby give ICICI Pruder aadhaar details for the purposes of processing/servicing this insurance pol	
Signature of Policy Holder (Proposer):	Signature of Assignee* / Trustee#: (*Required in case of Absolute Assignment of Policy) (#Required in case of Policy covered under MWPA)
Note: I have understood the meaning and scope of the change request form and take co / Personal Details are subject to the policy terms and conditions and relevant underwriti	
I/we agree that the PAN details and other information provided by me/us in this form mo documents on/from the CERSAI* CKYC portal for processing this request, any future app officially valid documents would be relied upon for processing any requests/applications Interest of India.)	lications, or any other requests. I/We understand that only the acceptable
DECLARATION	
I hereby declare that the details furnished above are true and correct to the changes therein, immediately. In case any of the above information is found to Prudential reserves the right to take appropriate action.	
Applicable when the Proposer is illiterate or suffering from disability due to whi Note: Must be witnessed by someone other than the advisor/agent/employee o	
I (Full name of Witness) inhabitant of (Address)	
do hereby declare that I have read and explained the contents of this form to the	
	Signature of Witness

FOR OFFICE USE ONLY:			onal_Policy/1.7
ER Request submitted by C S CR CS Spaarc Call ID		STAMP & TIME	Comm/Form/Personal_
RemarksKindly call our	Customer Service Number 1800 2660 (toll-free)		
	M. to 7.00 P.M. Monday to Saturday (except nation	al holidays)	
	Communication Address		1

COMP/DOC/Apr/2024/124/5857

Communication Address ICICI Prudential Life Insurance Co. Ltd., Unit No. 901A, 901B, 1001A & 1002B, Prism Towers, Mindspace, Link Road, Goregaon (West), Mumbai-400104.