

APPLICATION FOR CUSTOMER SERVICE DOCUMENT(S)



Policy Number

Date

Name of Policyholder (Proposer)

Salutation

First Name

Surname

Contact Nos.

STD

Residence

STD

Office

Ext.

ISD

Mobile

E-Mail ID (Personal)

(Official)

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)

Name of document(s) required

Period for which document(s) required

- _____
- _____
- _____

From Date

To Date

REASON WHY DOCUMENT(S) REQUIRED

- Duplicate required
- Not received earlier
- Other reason _____

Signature of Proposer or Assignee

CONSENT FOR SHARING POLICY DETAILS

- I/We provide consent for sharing policy details with my/our servicing agents.
- I/We do not wish to share my/our policy details with my/our servicing agents.

Note: Policy details includes fund value, unit statement and portfolio statement details, bonus amounts, etc.

FOR OFFICE USE ONLY:

Spaarc Call ID _____ Date

Scanning Cabinet _____ Received By _____

Remarks _____

STAMP
&
TIME

ACKNOWLEDGEMENT SLIP

Policy Number

Branch Name _____

Documents Required _____

Received By

STAMP
&
TIME