REQUEST FOR CHANGE IN PERSONAL DETAILS	PICICI PRUDENTIAL		
Change in Personal Details: Life Assured Proposer  Policy Number Date DMM YYYY  Name STD Residence STD Office Ext  ISD Alternate Mobile  Address Alternate E-Mail ID  *CKYC Number/KIN (If available) Alternate Mobile Alternate Mobile STO 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 men Note: If the life assured's details are being updated on account of auto-vesting.updation of the Life Assured's contact details men Note: If the life assured's details are being updated on account of auto-vesting.updation of the Life Assured's contact details men Note: If the life assured's details are being updated on account of auto-vesting.updation of the Life Assured's contact details men Note: If the life assured's details are being updated on account of auto-vesting.updation of the Life Assured's contact details men Note: If the life assured's details are being updated on account of auto-vesting.updation of the Life Assured's contact details men Note: If the life assured's leading the life Assured's contact details men Note: If the life assured's leading the life Assured's contact details men Note: If the life assured's leading the life Assured's contact details men Note: If the life assured's leading the life Assured the life Assur	Pin Code Pin		
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  Landmark  Documents required:  1) Recent Photograph 2) PAN 3) Any of the (OVD) Officially valid document (List of OVDs is mentioned below)	Pin Code		
Change in Date of Birth Proposer Life Assured Joint Life Assured Appointee Nominee DOB DD MM MY YYY YO GUIDELINES  • DOB change is allowed only once in a policy lifetime.  • DOB change 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 to the policy holder post deduction of applicable charges.  • The taxes on the above would be applicable at the prevailing tax rates.  • The funds in the contract may change on rectification of DOB.  • Post Dob changes, in case the customer is not eligible for the product, a suitable plan, if any, would be offered as per our underwriting norms. If it is not possible to grant any other plan, Policy would be cancelled and would be refunded as per policy terms and condition.  • The above rules would be applicable to all other contracts held by the policy holder and changes would be effected in all, irrespective of specific request being received for these.			
Request for Updating PAN  Kindly submit PAN/Form 60 (as defined under Income Tax Act, 1962), if not already submitted at the time of applying premium amount exceeds `50,000 in a Financial year. The premium payment can be done only through customer/policyholder wishes or proposes to make any payment in cash, it can be accepted up to the limit of `49,999/PAN eligible Yes No Reason of not being eligible for PAN  PAN Number  Name (as it appears on	the acceptable premium collection modes. Where any		
the PAN Card)  Document Submitted: PAN Card Copy Form 60 Declaration in lieu of PAN  Request for updating GST (If available)  GST Number Name (as it is registered under GST)  Document Submitted: GST registration certificate			
Confirm that the GST number provided by me is correct.    ACKNOWLEDGEMENT SLIP			
Received By	TIME		

Change in Residential Status		
• Current residential status New Re year and here onwards.	sidential Status	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 OVD 3) Signed request letter 4) In case of residential status to be changed to NRI from		nnaire, self-attested passport copy,NRI address proof.
OVD Officially valid documents  - Passport  - Proof of possession of Aadhaar (First 8 digit of Aadhaa  - Driving License		
<ul> <li>Voter ID card issued by Election Commission of India</li> <li>Job card issued by NREGA duly signed by an officer of t</li> <li>Letter issued by the National Population Register conta Government in consultation with the Regulator</li> </ul>		ny other document as notified by the Central
I have voluntarily submitted my aadhaar card and here aadhaar details for the purposes of processing/servicing	• =	e Company Ltd. my consent to use and store my d with options of submitting OVDs other than Aadhaar
Signature of Policy Holder (Proposer):	(*Required	e of Assignee* / Trustee#: in case of Absolute Assignment of Policy)
<b>Note:</b> I have understood the meaning and scope of the change red / Personal Details are subject to the policy terms and conditions a	quest form and take complete responsibil	in case of Policy covered under MWPA)
I/we agree that the PAN details and other information provided by documents on/from the CERSAI* CKYC portal for processing this r officially valid documents would be relied upon for processing any Interest of India.)	equest, any future applications, or any ot	ther requests. I/We understand that only the acceptable
<b>DECLARATION</b> I hereby declare that the details furnished above are true changes therein, immediately. In case any of the above information of the control o		
Applicable when the Proposer is illiterate or suffering from a Note: Must be witnessed by someone other than the adviso		ricted or the proposer has signed in vernacular language.
(Full name of Witness)inhabitant of (Address)		· 
do hereby declare that I have read and explained the conter	its of this form to the Proposer and he	e/she/they have understood the same.
FOR OFFICE USE ONLY:		
☐ ER Request submitted by ☐ C ☐ S ☐ CR ☐ CS		
Spaarc Call ID	<b>Date</b> DD MM MYYY	Y STAMP
Scanning Cabinet		~
Remarks		
	Customer Service Number 1800 26	
Call Center timings: 10.00 A.M	M. to 7.00 P.M. Monday to Saturday	/ (except national holidays)

