

Policy No : _____

Insured Name : _____

hereby requests CHARTERED LIFE INSURANCE COMPANY LTD. to effect the change(s) ticked (✓) below by any means acceptable to the Company.

Change of Premium Mode : FROM : _____ TO : _____

Change of Plan : FROM : _____ TO : _____

Increase Face Amount : FROM : _____ TO : _____

Decrease Face Amount : FROM : _____ TO : _____

Policy Term Change : FROM : _____ TO : _____

Rider/Supplementary Contracts :

Addition			Deletion		
Rider/Supplementary Contracts	Amount	Term	Rider/Supplementary Contracts	Amount	Term

Change / Correction Name of : Life Insured Policy Owner Life Beneficiary (Child)

Reason for Change Marriage Divorce Correction Others (explain) _____

From (Old Name) : _____

To (New Name) : _____

Supporting Documents Attached : _____

Signature Change

(Old Signature) _____ (New Signature) _____

Correction in Date of Birth : Life Insured Policy Owner Life Beneficiary (Child)

Old D.O.B. : ____/____/____ New D.O.B. : ____/____/____

Reason for Change (explain) : _____

Supporting Attached: NID SSC/JSC/PSC Passport Birth Certificate Driving Licence Others

* Standard Age proof should be Self Attested and verified by Gazette Officer / Chartered Life Official (Unit Manager or Above)

Declaration of the Insured/Policy Owner:

I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me.

Signed at _____ Day _____ Month _____ Year _____

Signature of Insured

Signature of Policy Owner

Mobile Number of Policy Owner

Witnessed by:

(FA/UM/BM/ASM
or avobe)

Name

Signature

Code No

For Head Office Use Only.

Record Verified & Processed By