## **CHANGE OF OWNERSHIP**



Policy No.:		Date: D D	MMYYYY
Name of the Life Insured :			
Name of the Deceased Policy Holder:			
Details of New Policy Owner			
Name of the Policy Owner :			
Address:			
	Pin Code:		PHOTO (Only for Individual)
Tel. No.: Email ID:			
Date of Birth: D D M M Y Y Gender: M	ale Female Nationality:		
Occupation: Salaried Agriculture Retired	Housewife Business Owner/Self	Employed	
Professional Others			
Nature of Duty:	Designation:		
Are you politically exposed: Yes No	PAN Card No.		
If yes, please specify how:			
Relationship with the Life Insured:			
Relationship with the Deceased Policy Holder:			
<ul> <li>In case the Life Insured is the new policy owner, a separ</li> <li>All benefits/rights are subject to the condition stated in</li> <li>On successful registration and acceptance of change in</li> </ul>	the policy.		
TAX RESIDENCE DECLARATION : (tick any one, as applicable		other than India, then the FATCA /	
	to you) If the Policy holder is a Tax Resident of a country of	,	CRS Form should be submitted.
I am a tax resident of India and not of any other country		ax resident of country/ies c	CRS Form should be submitted.
I am a tax resident of India and not of any other country	OR I am ta separa	ax resident of country/ies c itely in FATCA / CRS Annexu	ther than India mentioned
I am a tax resident of India and not of any other country * If you are tax resident of another country then please fill in th Declaration: Upon signing the request above, I, the new	OR I am ta separa ne FATCA/CRS form annexed Policy Owner hereby declare that all the	itely in FATCA / CRS Annexi	ther than India mentioned
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