

Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No. : 147 | CIN: U66010MH2009PLC197336

Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroil Road, Kurla (W), Mumbai 400070



Policy No.:            E Date:

Name of the Policy Holder: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_ Pin Code: \_\_\_\_\_

I hereby declare that the below mentioned specimen boxes have my signatures provided on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and the same is witnessed hereunder. The reason for changing my signature is \_\_\_\_\_. I further state that henceforth, the signature as appended below should be considered for all future requests/communications received for this policy. I also provide consent to be called for any verification with regard to change in signature.

 Change in Signature

Old Signature (Mandatory)	New Signature

 Addition of New Specimen Signatures

Old Signature (Mandatory)	New Signature 1	New Signature 2

## Bank Attestation (To be filled by Bank Official)

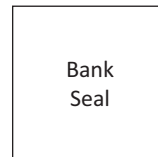
Name of Bank Employee : \_\_\_\_\_

Bank Employee Code : \_\_\_\_\_

Name of Bank : \_\_\_\_\_

Branch Name : \_\_\_\_\_

Bank Employee Signature : \_\_\_\_\_



## For Office Use Only

I confirm that the customer has signed this form in my presence &amp; I authenticate the same

Staff Name : \_\_\_\_\_

Employee Code : \_\_\_\_\_

Designation : \_\_\_\_\_

Branch Name : \_\_\_\_\_

Signature : \_\_\_\_\_

## For Branch Office Use

Branch Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

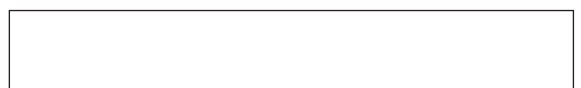
Staff Sign: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

## Acknowledgement Slip

Received a request for Signature Change for policy no.: \_\_\_\_\_ on           at \_\_\_\_\_ a.m./p.m.

Corporate Office:  
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 Email: [care@edelweisstokio.in](mailto:care@edelweisstokio.in) | [www.edelweisstokio.in](http://www.edelweisstokio.in)



Stamp/ Seal of the Branch