

Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No. : 147 | CIN: U66010MH2009PLC197336 Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Policy No.: E Name of the Life Insured :		Date: DDD	MM YYYY
Name of the Deceased Policy Holder:			
Details of New Policy Owner			
Name of the Policy Owner :			
Address:			
	PHOTO (Only for Individual)		
el. No.: Email ID:			(Only for individual)
Date of Birth: DDDMM YYY Gender: Male	Female Nationality: _		
Occupation: Salaried Agriculture Retired	Housewife Business C	Owner/Self Employed	
Professional Others			
lature of Duty:	Designati	on:	
re you politically exposed: Yes No PAN	N Card No.		
adhaar Card No.			
f yes, please specify how:			
elationship with the Life Inssured:			
elationship with the Deceased Policy Holder:			
The New Policy Owner is required to submit a Deed of Relir Proof & Address Proof and other applicable KYC documents Filling up this form would help the company in recording the In case the Life Insured is the new policy owner, a separate All benefits/rights are subject to the condition stated in the On successful registration of change in ownership, all future.	s. ne details of new policy owner nomination form is to be sub policy.	of the above mentioned policy. mitted to enable the company to re	
TAX RESIDENCE DECLARATION: (tick any one, as applicable to you	ou) If the Policy holder is a Tax Resident	of a country other than India, then the FATCA/	CRS Form should be submitted.
I am a tax resident of India and not of any other country	OR	I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*	
If you are tax resident of another country then please fill in the F.	ATCA/CRS form annexed		
Declaration: Upon signing the request above, I, the new Pol gree to all the terms and conditions.	licy Owner hereby declare th	nat all the information given above	e is true and correct and I
For Branch Office Use			
Branch Name:		Signature of the Life Insured	
Staff Name:			
Staff Sign:			
Date: Time: a.m./p.m.		Signature of the New	
	Date: D D M M	Y Y Y Y Place:	
Aceived a request for Change of Ownership for policy no.: _	cknowledgement Sli	on D D M M Y Y	Y Y at a.m./p.n
4th Floor, Tower 3, Win, Kirol Road, Kurla (W), M	1umbai 400070		
	12 Fax No.: +91 22 7100 4133	Stamp/ Seal of the Branch	