

SIGNATURE CHANGE FORM

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

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

Policy No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 : _____

Bank
Seal

For Branch Office Use Only

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

Service Request No. : _____
 Staff Name : _____
 Employee Code : _____
 Designation : _____
 Branch Name : _____
 Signature : _____

*KYC document to be collected as per Service Request

Date and Time Stamp

Aug_2023/Ver-6

Acknowledgement SlipReceived a request for Signature Change for policy no.: _____ on at ____ a.m./p.m.