



## KYC RENEWAL FORM

### TO BE FILLED IN BY THE LIFE ASSURED

<b>Name of the Life Assured</b>									
<b>Policy Number</b>									
<b>Mobile Number</b>									
<b>Email ID</b>									

### CURRENT RESIDENCE ADDRESS ( Please note your current residence address should match with the document/s submitted )

<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>Address Line 3</b>			
<b>City:</b>	<b>State:</b>	<b>Country:</b>	<b>Postal Code:</b>

### SELF-ATTESTED COPY OF IDENTITY PROOF DOCUMENTS ( Any One of the following )

Latest Passport (both sides)  CPR  Iqama  Civil-ID   
 Adhaar Card  PAN Card  Driving License  Voter ID

### SELF-ATTESTED COPY OF RESIDENCE ADDRESS PROOF DOCUMENTS ( Any One of the following )

Latest Passport (both sides)  CPR Info Sheet  Civil-ID Info   
 Adhaar Card  Driving License  Voter ID  Others

I hereby confirm that the details furnished above are correct to the best of my knowledge and belief and I undertake to inform you any changes therein, immediately. In case any of the above information is found to be false, I am aware that I may be held liable for it.

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**Signature of the Life Assured**

**Date :**