

Signature Change Request Form

POLICYHOLDER DETAILS

Policy Number

Name of the Policyholder

Mobile No Email ID

PAN No

Note: Kindly submit a copy of Cancelled Cheque or Self attested Bank Statement with Pre-printed Name and Account Number.

DECLARATION FOR SPECIMEN SIGNATURE

Signature 1

Signature 2

Signature 3

I hereby declare and confirm that my specimen signature are as mentioned above and certify that I do not sign in any other manner. I further state that henceforth, the signature as appended above should be considered for all future requests received for this policy. I further request Aviva to update my below mentioned banking details in the records for future reference and transaction.

VERNACULAR DECLARATION (Declaration when the Policyholder has affixed thumb impression or has signed in any language other than English) - I hereby declare and certify that I have explained the content of this form to the Policyholder in the language understood by him/her and that the Policyholder has affixed his/her thumb impression/ signature on this form in my presence, after fully understanding the content thereof.

Declarant's Name & Address

Contact No.

Signature of the Policyholder

Signature of Declarant

Note: Kindly submit a copy of the Photo Identity Proof of the Declarant.

BANK CERTIFICATION

This is to confirm that Mr./Ms. has signed in my presence and the same stands authenticated by the Bank.

Bank Name

Branch Address

Account Number

Account Type Savings Current NRE NRO IFSC Code (11 digits)

MICR Code (9 digits)

Bank Employee Name

Bank Employee Code

Bank Seal

Date

FOR BRANCH USE ONLY

Service Request ID

Branch Name

Processed by (Name & Signature)

Branch Stamp & Date



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