



PSC000101

Policy/Application Number Date / / **For Office Use Only**

Received By \_\_\_\_\_

Signature 

Time &amp; Date of Receipt \_\_\_\_\_

Received  
Stamp**Change of Signature**

I, \_\_\_\_\_ wife/daughter/son of \_\_\_\_\_ resident  
of \_\_\_\_\_

do hereby solemnly affirm and declare as under:

- I state that I am the Policy holder  / Assignee  of the above mentioned Application/Policy Number with Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd.
- I state that my name and address mentioned here are correct.
- I herewith inform that I have changed my signature and hence would like to update my changed signature in your records for all my future correspondence.

**Old Signature****(Please provide the signatures within the box)**

**New Signature****(Please provide the signatures within the box)**

Name of Policy Holder/Assignee \_\_\_\_\_

Date / / 

I am enclosing herewith the following document(s) as proof of change in my signature.

 Specimen signatures attested by the bank in which I hold an account
**OR**
 A copy of self attested ID proof (Eg. Passport, Driving License, PAN Card, Voter ID, etc.)

I hereby confirm that the contents of this letter are true and correct. Kindly do the needful to change my signature in your records.

Confirmed on this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

**Updation of Signatures (applicable for automatic vesting feature only)**

I, \_\_\_\_\_ daughter/son of \_\_\_\_\_ am the  
Life Assured under the Application/Policy bearing number \_\_\_\_\_. I understand that as per the automatic  
vesting feature in the Policy, I shall be recognized as the Policyholder with effect from \_\_\_\_\_.

I am providing my specimen signature which can be updated against the above mentioned Insurance Policy. I am also enclosing herewith the  
following document(s) to support the signatures provided below.

 Specimen signatures attested by the bank in which I hold an account
**OR**
 A copy of self attested ID proof (Eg. Passport, Driving License, PAN Card, Voter ID, etc.)

## Specimen Signature of Policyholder

Signature/Thumb Impression of Policy Holder

## Declaration, if this Form is signed in Vernacular/ Thumb Impression above

I \_\_\_\_\_ Son/Daughter  
of \_\_\_\_\_, am an adult and residing  
at \_\_\_\_\_


do hereby declare on solemn affirmation as under: I have read out and fully explained the contents of the form and all other documents in \_\_\_\_\_ language incidental to make the necessary changes in the Policy to Mr. / Mrs./Ms. \_\_\_\_\_ and he/she has understood the significance of the change. I have truthfully and correctly recorded the replies given by the Policy Holder /Assignee and that the Policy Holder / Assignee has affixed the signature / thumb impression above after fully understanding the contents thereof.

Solemnly affirmed at \_\_\_\_\_

Date  /  /


Signature of Declarant

- Product specific requests/funds will be allowed, only if it is applicable under the respective terms & conditions of the Policy. Please refer to the terms and conditions of the Policy for details. The specimen formats for additional documentation can be downloaded from our website. Alternatively you can contact us through the various options as mentioned below.
- Processing of the requests will be initiated on receipt of this form at any of our Company's Offices. In case of Unit Linked Policies, for the requests impacting the funds of the Policy, if application is received before 3:00 pm on a business day, NAV of same day will be applicable. If received after 3:00 pm, next business day NAV will be applicable.
- Register now on our website to avail the benefits of various options for on-line servicing of your Policy.

 Toll free at **1800-103-0003 / 1800-180-0003 (BSNL/MTNL)**

 E-mail us at **customerservice@canarahsbclife.in**

 SMS at **9779030003**

 Visit us at our website **www.canarahsbclife.com**