

Request For Change of Address and Contact Details

Permintaan Untuk Menukar Alamat dan Butir-butir Perhubungan

Application Date
Tarikh Permohonan

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Policy Number(s)
Nombor-nombor Polisi

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Assured's Name
Nama Pemunya Polisi

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Please tick (✓) the box and duly complete the details where applicable. *Sila tandakan (✓) dalam petak dan lengkapkan butir-butir yang berkenaan.*

I hereby request to change the following details *Saya dengan ini meminta untuk menukar butir-butir yang berikut:*

- Correspondence Address *Alamat Surat Menyurat*
 Business Address *Alamat Perniagaan*
 Preferred Mode of Contact *Kaedah Komunikasi yang di ingini*
 Contact Details *Butir-butir Perhubungan*

PLEASE WRITE CLEARLY IN CAPITAL LETTERS *SILA TULIS DENGAN JELAS DALAM HURUF BESAR*

I. Correspondence Address *Alamat Surat-menyurat*

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Address Line 1
Address Line 2
City/Town
Postcode & State

II. Business Address *Alamat Perniagaan*

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Address Line 1
Address Line 2
City/Town
Postcode & State

III. Preferred mode of contact (please tick (✓) where applicable) *Kaedah komunikasi yang di ingini (sila tandakan (✓) yang berkenaan)*

- Email *Emel*
 Telephone No: *Nombor Telefon:*
 Residence *Kediaman*
 Business *Perniagaan*
 Mobile *Telefon Bimbit*

IV. Contact Details *Butir-butir Perhubungan*

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|---------------------------|----------------------------|------------------------------|
| Email <i>Emel</i> | | |
| Residence <i>Kediaman</i> | Business <i>Perniagaan</i> | Mobile <i>Telefon Bimbit</i> |

STATEMENT OF DECLARATION *KENYATAAN PENGAKUAN*

I DECLARE that the above update is TRUE.
Saya MENGESAHKAN bahawa perubahan diatas adalah BENAR.

I hereby CERTIFY the signature was made in my presence and that to my own personal knowledge it is the signature of the Assured under the Policy mentioned above.
Saya dengan ini MENGESAHKAN bahawa tandatangan ini dibuat dihadapan saya dan sepanjang pengetahuan saya tandatangan di atas adalah tandatangan Pemunya Polisi di atas.

Signature of Assured *Tandatangan Pemunya Polisi*
Name *Nama:*
NRIC No. *No. KP :*

Signature of Witness *Tandatangan Saksi*
Name *Nama:*
NRIC No. *No. KP :*