

ADDRESS CHANGE REQUEST FORM

To,
Policy Servicing Dept,
Bajaj Allianz Life Insurance Co Ltd.
5 th Floor, Policy servicing dept. Asoka Plaza,
Corporate Software Park, S No-32/3,Nagar Road,
Vimannagar, Pune-411014

Subject: Change of Address
Kindly change my mailing address in the system.

Policy No:

My new Address is as follows:

Pin:

Enclosed herewith address proof:

Proof of Residence (Current as well as Permanent proofs)

- Telephone bill not older than 6 months
- Bank account statement not older than 6 months
- Letter from any recognized public authority or public servant
- Electricity bill
- Ration card
- Passport
- Voter's Identity Card
- Driving License with photograph
- Written confirmation from the banks
- Lease agreement along with rent receipt not older than 3 months
- Employer's certificate mentioning residence
- Domicile certificate with communication address and photograph
- LPG (Gas) Connection Book
- Arms License issued by State/Central Government of India authorities
- Pension payment order/book/Card issued by state/Central Govt. of India
- Freedom fighter's pass issued by Ministry of Home affairs, Government of India with photograph of applicant
- ID card with photograph issued by Govt. of Jammu & Kashmir
- Photo Social Security Card (Smart Card) issued by Central/State Govt. or Union territories
- Residential Certificate issued by Municipal Corporation

Yours truly,

Name (In capital letters):

Signature:

Date :