18S FORM FOR CHANGE IN SIGNATURE (In case of dual signatures)		DICICI PRUDENTIAL						
Policy Number Dat		MMYY	YY			Barcode		
Signature change request submitted for Life Assured	Pro	pposer						
Name of Proposer/ Life Assured Mr./Ms./Mrs. First Name						Surname		
Contact Nos.		Office			ISD			
Identity proof submitted								
 Passport Driving license. Voter's Identity card issued by the of the State Government. Letter issued by the National Populo by the Central Government in consultation with the regulator. Aadhaar). 	ation Regi	ister containing	details	of name	e, address	or any other document as notified		
Identity proof number			alidity	date (if a	applicable			
All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication) If Aadhaar no. is being provided, please provide it in a masked form for e.g. XXXXXXX1234 Please note- Kindly provide only new signature incase you don't remember your old signature. If the request is submitted along with any payout request then attestation from the bank should be provided in which the payout will be credited.								
I hereby declare that the below mentioned specimen boxes ha and the same is witnessed hereunder. I further state that hence received for this policy.						ay of, 20 considered for all future requests		
Specimen Signature One (Old)		Specimen Signature One (New)						
Specimen Signature Two (Old)		Specimen Signature Two (New)						
Name of Bank:								
Bank Account Number:								
Date of Birth of Bank Account Holder:								
I hereby give consent and voluntarily submit my Aadhaar numbe "Know Your Customer" regulations. Further, I was provided with o						signature change request and to fulfil		
BANK ATTESTATION (To be filled by the Bank official)								
Name of Bank Employee:								
Bank Employee Code:						BANK SEAL & SIGNATURE		
Branch Name:					-			
FOR OFFICE USE ONLY:					_	• 1=1=11		
☐ ER Request submitted by ☐ C ☐ S ☐ CR ☐ CS								
Name of Branch In Charge(BIC):								
BIC Employee ID: Spaarc Call ID								
Scanning Cabinet:					STAMP & TIME			
Branch Name:								
					-	re of Branch In Charge		
ACKNOWLEDGEMENT SLIP This is to acknowledge the receipt of application for Change in	. Sianatu	re:						
Policy Number	Date			v [v [v]				
						STAMP		
Name of Proposer:						& TIME		
Branch Name:						s ss∀1 hos		