



Policy Number:

<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>

FOR OFFICE USE ONLY	
Received Date:	<input type="text"/>

Service Request form

Important Note:

1. Kindly fill details in BLOCK LETTERS only.
2. This form should be filled up by the plan owner or the assignee.

1. Update my Address and Contact details

Address:

City State Pin Code

Landline No. (Residence): 0 -

*Mobile No.: (Mandatory) 0 -

Email ID:

All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc. Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical copy Physical Copy

2. Update my personal details

Policy owner

Correct Name

PAN Card:

Life assured

Correct Name

PAN Card:

3. Update my payment frequency/payment mode

Change of Premium payment frequency

New frequency Annual Semi-Annual Quarterly Monthly *

New Payment Mode

New payment mode Cash/Cheque ECS Credit Card direct debit ACH

Note:

What I need to know while updating my payment frequency /payment mode?

- Electronic Clearing service (ECS) & Credit Card facility is available across all frequencies of premium payment
- ECS or Credit Card facility is mandatory for monthly and quarterly mode of payment
- For availing these facilities, an ECS mandate form with a cancelled cheque, or Credit Card authorization form with photocopies of frontside of the credit card will be required. You can download the forms from our website www.bharti-axalife.com
- Mode change is applicable as per policy terms and conditions
- This is applicable only during policy anniversary
- For unit linked product, if the request is received and accepted at the company's office before 3 p.m., NAV declared on same date will be applicable and if request is submitted and accepted at company's office after 3 p.m, the next working day's NAV declared will be applicable

Declarations and Agreement

I understand and agree that:

- I/We would be required to comply with additional terms on the basis of the aforesaid change/s
- The aforesaid change/s would be effective only when notified to be accepted by Bharti AXA Life Insurance Company Limited
- I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us
- I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes
- I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services

Name of Policyholder/Assignee	Signature	Signature date

Are you a US Citizen or US tax resident Yes No If Yes, Please provide TIN: _____

Vernacular Declaration

Declaration by person filling form:

I have explained the contents of this form to the Policyholder _____ in language _____ and I have correctly recorded the answer provided to me. I further declare that the policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name:

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First Name
Middle Name
Last Name

Declarant's Address:

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City
State
Pin Code

Declarant's Signature:

 Date:

D	D	M	M	Y	Y	Y	Y
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 Place: _____

**The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM"

DECLARATION* IN CASE THIS POLICY SERVICE REQUEST FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:

Declaration by Policyholder:

I hereby declare that the contents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb impression/Signature of Policyholder

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Bharti AXA Life Insurance Company Ltd. Regd. Office: Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra IRDAI Regd. No.: 130. CIN no: U66010MH2005PLC157108. Comp-Mar-2021-3213
 Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.