

## COMMON ALTERATION FORM (CAF)

Policy Number																Date	D	D	M	M	Y	Y	Y	Y
Name of Policyholder (Proposer)																								
	Salutation					First Name					Surname													
Contact No.																								
	STD					Residence					ISD													
	STD					Office					Extn.													
E-mail ID (Personal)																								
(Official)																								

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)

eIA No.															
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**☐ CHANGE IN NAME**

☐ Policy Holder
 ☐ Life Assured
 ☐ Nominee
 ☐ Appointee

General Rule : For Married women with change in surname, marriage certificate is mandatory. For the other request involving significant name change a "Gazette Copy" is required.

Name to be change to

**☐ CHANGE IN DATE OF BIRTH**

☐ Life Assured
 ☐ Proposer

I would like to change my Date of Birth - new date of birth

Document submitted for DOB Proof\*

I hereby give my explicit consent for change in premium amount, as may be applicable, on account of the change in date of birth of the Life Assured, requested by me. \*Submission of valid age proof along with this form is mandatory. Any changes in Date of Birth is subject to Policy Terms and Conditions and applicable underwriting guidelines of the Company.

**☐ CHANGE IN CONTACT DETAILS**

☐ Policy Holder
 ☐ Life Assured
 ☐ Mailing Address
 ☐ Permanent Address (Valid address proof mandatory)

Address

Mobile (R) (O)

Email ID

**☐ CHANGE IN FREQUENCY**

☐ Annual
 ☐ Half Yearly
 ☐ Quarterly
 ☐ Monthly\*

\*Auto Pay Mandate is mandatory for Quarterly mode for premium less than Rs.2500/- and all Monthly Mode cases (all plans)

**ACKNOWLEDGEMENT**

This is to acknowledge the receipt of application for

Name of Policyholder

CLS ID

Date

GC Stamp

Note: You now have an option of receiving payments, if any, under your policy through electronic fund transfer. Please update your bank account details with us. To know more in this regard you may contact at any service points given above.

☐ **PAN NUMBER UPDATE (COPY OF PAN CARD IS MANDATORY)**

Mention PAN

☐ **CHANGE OF RIDERS**

☐ Addition of Rider ☐ Deletion of Rider

Name of Rider

Sum Assured

Note: Kindly note the Good Health Declaration is mandatory for addition of Rider

☐ **ALTERATION REQUIRED**

☐ Change in Sum Assured ☐ Change in Premium ☐ Change in Term

From  To

General Rules: • Any change in Sum Assured, Premium, Term, Riders and Payment Frequency can be done only on Policy Anniversary • All alterations are subject to Policy Terms and Conditions and applicable underwriting guidelines of the Company.

**Declaration:** I have understood the meaning and scope of the change request form and take complete responsibility of the change submitted by me. Any changes in the policy or personal details are subjected to the policy terms & conditions and relevant underwriting guideline.

Signature of Life Assured / Policy Holder / Assignee (with stamp)

**VERNACULAR DECLARATION**

Applicable to policy holders affixing thumb impression or signing in vernacular language

**This declaration must be signed by person other than Sales Employee / Advisor of Generali Central Life Insurance Company**

I, hereby declare that I have read over the contents of the form to the proposer/life assured and have explained the same to him/her. I further declare that, the policy holder has signed/affixed thumb impression on the form in my presence.

Signature of person making the declaration

Signature/thumb impression of policy holder

**Details of the person making the declaration**

Name

Address

Place  Date