

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117.

CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: <a href="www.pnbmetlife.com">www.pnbmetlife.com</a>, Email: <a href="mailto:indiaservice@pnbmetlife.co.in">indiaservice@pnbmetlife.co.in</a> or write to us at 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

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Dual/ Change in Signature - New Business/Servicing					
Policy/ Application No. 1:	Policy/ Ap	pplication No.2:  Date: D D M	M Y Y Y	Paste he	
Name of Policy Owner/Proposed Owner:  (If different from Person Insured/ Proposed Insured)				(do not pin stapl)  *A recent passport size colour photograph (not	
Name of Person Insured/Proposed Insured:				more than 6 months old)	
Father's Name					
Date of Birth: DDMMYYYYY  Mobile No (Mandatory):		Email ID:			
Custor	mer Instruction for D	ual Signature 🔲 Chan	ge in Signature		
Declaration (For existing policies): I/We, that the below mentioned specimen boxes contain as appended below should be considered for all f India Insurance Co. Ltd., on account of any claim, I governmental or regulatory body, on account of herein below:	uture requests received for iability, charge, demand, ac	r this/ these policies. I/ We tion or proceedings initiate	e hereby agree to def ed against PNB MetLif	fend and hold harmless PNB MetLife fe by anyone, including any statutory,	
Signature (Old) as per PNB MetLife records		Signature (New)			
Declaration (for New Business): PI PO I/We,	ted onday of, t ded onday of, 20 ded for this/ these policies. I/ action or proceedings initia	) I/ We further state / We hereby agree to defer ted against PNB MetLife by	e that henceforth, the nd and hold harmless anyone, including an	e signature as appended below PNB MetLife India Insurance Co. Ltd., ny statutory, governmental or	
For Proposed Insured: Signature as per Application form	Signature as per paymen	t instrument	Signature as per pro	oof submitted	
For Proposed Policy Owner:					
Signature as per Application form	Signature as per payment instrument		Signature as per proof submitted		
Vernacular Declaration: The contents hereof have been read over and explunderstanding the contents hereof in my presence  Name & Signature of the Witness: Witness must be someone other than the advisor/			olicant has filled up th	e contents after completely	
To be filled in case of Bank Attestation: (I hereby con		•	e and is matching as p	er our bank	
Name of Bank:				Bank Employee S1gnature and Bank Seal	
Name of Bank Employee:					
Bank Employee Code:					
Branch Name:					

Received a request for	against Application Number	
0 🔻	Acknowledgement Slip	0 💙
9/	·} <b>&lt;</b>	9/
signation		
oto/ Date of Birth and Father's name verified:	Yes No	
SM Sales Personnel Specified Person Cu	stomer Customer representative Courier Bank	D D M M Y Y Y
or New Business Applications): All dual signature declara equest received from:	tions to be uploaded by branch in filenet for future ref)	"PNB MetLife branch seal and sign"
be filled by Branch Services (all sign change docs to be use Only	uploaded by branch in Talisma for reference): For Office	
alterations/ corrections made in the form need to	o be duly signed by PI/PO.	
	t-in is mandatory along with original Policy Document for subm d and submitted at the time of request submission failing whic	
	new signature will be accepted as photo identity proof and a cordinate of the control of the con	

On\_\_\_\_\_at \_\_\_\_am/pm

Employee code \_\_\_\_\_Employee Name \_\_\_\_\_

Date and time stamp /Seal of Branch

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