DHFL Pramerica
LIFE INSURANCE

Please submit the completed form along with applicable supporting proofs at the Branch

AGENT SERVICE REQUEST FORM

System Code: Date: D D M M Y Y Y Y

Agent Name:

Branch Name:

Change in Address/ Contact Details

Please tick as appropriate

Address to be Changed: ☐ Residence ☐ Office ☐ Permanent

New Address:

City: Pin Code: Mobile No:

Telephone (Office/Residence):

Email ID:

Please select your communication Address: ☐ Residence ☐ Office ☐ Permanent

Note: In case of change of Address, please enclose self attested Address proof along with this Request Form.

Updation/ Change of Bank Account Details

Please tick as appropriate: ☐ Updation/ change of Bank Account Detail ☐ Change of payment mode to 'Cheque'

In case of request for change of Bank Account detail, pls mention reason of change:

Note:
1. Please enclose a Cancelled cheque of new Bank Account Number and completed NEFT form along with this Request Form.
2. If name of the Agent is not printed on cheque, then duly stamped and signed Bank Statement by the authorized bank official, will be required.
3. Copy of passbook OSVd by the unit head.

Updation of PAN

New Permanent Account Number :

Note: Please enclose self attested Copy of PAN card along with this request form.

Change in Name

Please mention new details as applicable :

Please tick as appropriate ☐ Title ☐ Mr. ☐ Mrs. ☐ Ms.

(First Name) (Middle Name) (Last Name)

Note: Please enclose self attested name change proof along with this Service Form. In case of complete name change, please provide an Affidavit on ₹20 stamp paper along with the Official Gazette copy. In case of name change due to marriage, please provide an Affidavit on ₹20 stamp paper along with copy of the Marriage certificate.

Addition/ Change in Nominee

Please provide revised Nominee particulars so that total percentage share should be 100%

S No.	Name and Address of the Nominee	Date of Birth of the nominee	Percentage Share	Relationship

In case nominee is minor then please provide following details:

Guardian name:

Relationship with the Nominee:

Guardian Address:

Change in Signature

Please provide your signatures as mentioned below:

Old _____ New _____

Note: Please enclose self attested authorization from the Bank along with this Request Form.

Request for issuance of Duplicate License

Your IRDA License Number: | | | | | | | | |

Reason for Request of Duplicate License: _____

Note: Please enclose payment proof of ₹50/- (Duplicate Licence issuance fee), acknowledged by the BOE. The payment for the issuance of duplicate license has to be in the form of Demand Draft/ Pay Order/ Banker's Cheque in favor of "DHFL Pramerica Life Insurance Co. Ltd." payable locally with the Branch Operations Executive (BOE).

Request for issuance of Duplicate Identity Card

Reason for Request of Duplicate Identity Card: _____

Note: Please enclose payment proof of ₹30/- , acknowledged by the BOE. The payment for the issuance of duplicate ID has to be in the form of Demand Draft/ Pay Order/ Banker's Cheque in favor of "DHFL Pramerica Life Insurance Co. Ltd." payable locally with the Branch Operations Executive (BOE).

Request for replenishment of Visiting Cards

Reason for placing request for replenishment of Visiting cards: _____

Quantity of Visiting Cards to be printed ☐ 100 Numbers ☐ 200 Numbers

Note: Please enclose payment proof acknowledged by the BOE. The payment for the replenishment of Visitng Cards has to be in the form of Demand Draft/ Pay Order/ Banker's Cheque in favor of "DHFL Pramerica Life Insurance Co. Ltd." payable locally with the Branch Operations Executive (BOE).

In case associated DPLI branch is within Delhi NCR region- ₹98/ for 100 number cards and ₹196/ for 200 number cards
In case associated DPLI branch is outside Delhi NCR region- ₹101/ for 100 number cards and ₹203/ for 200 number cards

Request for issuance of NOC

☐ Post Termination of Agency ☐ For Composite Licence Conversion :

Reason for Request of NOC for Composite License: _____

Note: In case the agency is already terminated then please also enclose cutomer information details and original ID card along with the service form

Declaration and Authorization

I hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information, I would not hold DHFL Pramerica Life Insurance Company or agents responsible any of its officers/ associated

Date: D D M M Y Y Y Y

_____

Signature of the Agent

Place: _____

For Branch Office use Only

Received by (BOE Name and Signature): _____ _____

Received On: | | | | | | | | |

Affix received Stamp:

Service Form_Ver1.6_Feb-2014