



SHRIRAM LIFE INSURANCE COMPANY LIMITED

ALTERATION REQUEST FORM

Policy Number: &

Life Assured/Policy Holder Name:

Alteration in Name: From

To

Communication Address:

Contact No:

Date of Request:

Communication: Email SMS

Alteration: Term (Reduction) Mode Sum Assured (Reduction) Rider Sum Assured Date of Birth

From: To From: To

Alteration of Riders: **Exclusion of Riders** A.B A.S.R F.I.B Other Riders

Other Alteration Requests: _____

Nominee Appointee Others

Description: From To

Documents Attached:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 4. | 6. |

Signature of Policy Holder / Life Assured.

Office stamp

ACKNOWLEDGEMENT FOR ALTERATION REQUEST:

Office stamp

Policy No's: _____

Policy Holder Name: _____

Request for _____

Branch Name: _____ D.O: _____

Request Date: _____ Authorized Signatory. _____