

To be filled mandatorily by Branch Office only

Enclosures & Checkpoints - DOB	Important Points	Operation Employee Details
Valid New DOB Proof attached <input type="checkbox"/> HDF (as applicable) <input type="checkbox"/> Medical (if applicable, Category & Date of Medical)	> Proofs attached should be OSVed & Self attested by Policyholder > All client-level policies are checked and premium paying or reinstatement request submitted > Policy benefits payout like Money back/Bonus will need to be paid back to Co. in case of DOB change for adjustments	Name _____ Designation with Emp. Code _____ Mobile no. _____ Signature _____ Request receive date & time with GO Stamp _____
Enclosures & Checkpoints - Name <input type="checkbox"/> Name Change Affidavit/Proof as applicable		

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Max Life Insurance Co. Ltd.: Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015.

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