

S. No.



AMENDMENT TO APPLICATION FOR POLICY

Application No.: _____

Agent code:

Agent's name:

Office code:

I, _____, hereby request that my application form dated _____ (yyyy/mm/dd) be amended as follows:

and I/We hereby certify that the above information provided by me/us is true to the best of my/our knowledge. I also certify that there has been no change in my and/or proposed insured's condition of health and that I/We have received no medical attention, consultation or examination whatsoever since the date of completion of insurance application; further that all my/proposed insured's answers in the said application including those related to my/our occupations are true. Further I/We also understand and agree that this form will serve as an addendum to the insurance application form submitted by me/us and that if any information/answers in this form if found untrue, the contract may be treated as null & void.

Date:

Signature of Proposed Insured / Thumb Impression

Signature of Agent

Signature of Applicant if other than the Proposed Insured

Tata AIA Life Insurance Company Ltd. (IRDA of India Regn. No. 110 • CIN: U66010MH2000PLC128403).
Insurance is the subject matter of the solicitation. This product is underwritten by Tata AIA Life Insurance Company Limited.
Registered & Corporate Office Address: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013.
Visit us at www.tataaia.com or call our helpline numbers **1800 267 9966** (toll free) or **1860 266 9966** (local charges apply)
or email us at customercare@tataaia.com or SMS "LIFE" to 58888.

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