

# REQUEST FOR CHANGE IN ADVISOR DETAILS



Advisor Code

Date

Advisor Name   
Mr./Ms./Mrs. First Name Surname

Contact Nos.   
STD Residence ISD Mobile

## PLEASE FILL THE DETAILS WHEREVER APPLICABLE

**Change in Name** (Please fill the Name as you want it to appear)

Mr./Ms./Mrs. First Name Middle Name Surname

**Note:** Supporting proofs will have to be submitted as per norms [i.e. Marriage Certificate / Gazette Copy / Adoption Deed / Divorce Deed]

**Change in Address**

Landmark  Pin Code

**Note:** Supporting address proofs will have to be submitted as per norms. [i.e. Utility bills / Bank statement / Passport / Driving Licence]

**Change in Date of Birth**

DOB

**Note:** Supporting proofs will have to be submitted as per norms. [i.e. Birth Certificate / Driving Licence / Passport]

**Change in Contact Details**

Contact Nos.   
STD Residence ISD Mobile

E-Mail ID

**Composite License Conversion / Merger of Licence**

Life Licence Number \_\_\_\_\_ General Licence Number \_\_\_\_\_

**Note:** Post merger, the licence which is going to expire first or is already expired will be retained.

**Prupartner ID**

New ID Creation  ID Resetting

**Rectification in Licence**

Reason for Rectification \_\_\_\_\_

**Rectification in Welcome Kit**

Reason for Rectification \_\_\_\_\_

**Request for NOC**

Request Letter Submitted  Yes  No

## ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for change in:

- Name  Address  Date of Birth  Contact Details  Composite License Conversion  Prupartner ID  
 Licence Rectification  Welcome Kit Rectification  NOC Request  PAN Update  Request for cancellation of License  
 GSTIN Update  Notice of Advisor Nomination

Advisor Code  Date

Received By

STAMP  
&  
TIME

**Request for Updating PAN**

PAN Available  Yes  No

PAN Number

Name (as it appears on the PAN Card)

Document Submitted:  PAN Card Copy

**Request for Updating GSTIN**

GSTIN Number

Name (as it appears on the GSTIN Certificate)

Document Submitted:  GSTIN Certificate  GSTIN Acknowledgment Copy

**Notice of Advisor Nomination**

Appointment of Fresh Nominee(s) / Change of existing Nominee(s) as given below

Name of Nominee	Date of Birth	Mobile no & Email id	Communication Address	Relationship with Advisor	Gender	Share %

In case the nominee is minor, please fill Appointee details

Execute at \_\_\_\_\_ The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**APPOINTEE(S) DETAILS: MANDATORY, IF NOMINEE IS A MINOR (Appointee must be above 18 years of age)**

The nominee(s) being minor, I hereby appoint the below as the Appointee(s)

Name of Appointee	Date of Birth	Mobile no & Email id	Communication Address	Relationship with Nominee	Gender	Share %

In case the nominee is minor, please fill Appointee details

Execute at \_\_\_\_\_ The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name and Signature of the Appointee: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Advisor**

**Note:** I have understood the meaning and scope of the change request form and take complete responsibility of the changes submitted by me. Any changes in the Personal Details are subject to the verification of supporting documents.

**FOR OFFICE USE ONLY:**

Spaarc Call ID \_\_\_\_\_

Date

Scanning Cabinet \_\_\_\_\_

Received By \_\_\_\_\_

Remarks \_\_\_\_\_

STAMP  
&  
TIME

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)  
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



**Communication Address**

ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097.