

LIFE INSURANCE CORPORATION (SINGAPORE)
Customer Service, 3 Raffles Place, 07-01
Bharat Building, Singapore 048617
Tel + 65 62234797. email:crm@licsingapore.com

REQUEST FOR CHANGE OF ADDRESS / PERSONAL DETAILS

NAME OF THE POLICY HOLDER															
NRIC / FIN NUMBER / PASSPORT NUMBER															
POLICY NUMBER (S)															
I request that the following changes be made to the policy (ies) mentioned above. I understand that the															he
changes would be effective only after I receive an official letter of confirmation from LIC, Singapore.															
CHANGE IN CONTACT DETAILS (Please submit documentary proof)															
Address		Telephone Number(s)													
	Office :														
			Residence :												
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			' ''	and p	JIIC	ЛС	•								
e-mail:															
CHANGE IN PERSONAL DETAILS (Please submit the documentary proof)															
Change in marital status to:															
Change in NRIC number to:															
			•												
CHANGE IN BANK DETAILS: (Please submit the documentary proof)															
CHANGE IN BAIN DETAILS. (Please Submit the documentary proof)															
Account No:	_ Acc	ount t	ype:				_ B	anl	k: _						
Bank Address:															
Signature of the policyholder:							Dat	e:							