

Dated: _____

Functional Head
Policyholders Service Department,
_____ Zone.

Dear Sir,

Subject: REQUEST FOR CHANGE IN CONTACT DETAILS AND CORRESPONDENCE ADDRESS.

Please update my contact details in my policy (ies) as under:

Policy No: _____

Policyholder's Name: _____

CNIC No: _____

Email Address: _____

Tel: (Res): _____

(Off): _____

(Cell): _____

Old Address: _____

New Address: _____

Thank you,

Yours faithfully,

Signature: _____

Name: _____

Encl: Copy of CNIC

Important Note: If your contact details and existing address is not incorporated in your policy record, you cannot receive premium notices and other valuable communication from State Life. If so, please have print of this form and submit the same the same with updated contact details for recording it in your policy record.