



Change of Personal Details Form

Policy No.	:	_____
Name of Assured/Assignee/Trustee(s)	:	_____
Identity No	:	_____

Please tick (✓) appropriate box and complete the request accordingly.
 For items 1 to 2, this request(s) has to be completed and signed by Assured/Assignee/Trustee(s) where applicable.

Alterations on Client's Personal Details

1. Correction / Change of Name / Identity Number / Nationality
 (Please enclose documentary evidence – photocopy of Deed Poll, Identity Card, Passport or Birth Certificate)

 Signature of Assured(s) / Assignee(s) / Trustee(s)
 (Please note that signature / thumbprint must be consistent with our record)

 Submitted by Name & Signature of Financial
 Advisor Representative/Witness

 Date

2. Change of Signature
 (Please ensure that the previous signature is signed and it must be consistent with our record. Please comes personally to Aviva if you are unable to sign the previous signature)

_____ Name of Signatory	_____ Previous Signature	_____ New Signature	_____ Contact No.	_____ Date
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