

Insurance Advisor Details Change Request Form

Pls tick the applicable option:	To be filled in case ALL details being provided for the first time NEW DETAILS	To be filled in case of changes in ANY existing details* of the IA *Changes can be made only for details shaded in grey color CHANGES IN EXISTING DETAILS	
IA Code :			
IA Name :			
DOB (DD/MM/YY)			
Payment Options (Tick the relevant option)	NEFT/ Fund transfer		
	Account Payable cheque		
PAN Details			PAN Applied for
Bank Account Details			
Bank Account No.			
Bank Account Name	(IA's name as mentioned in his Bank account)		
Bank Name			
IFSC Code	(Mandatory detail to be Provided where IA has opted for NEFT option)		
Bank Account Type	Savings Account	Current Account	
Bank Address			
Bank City	PIN Code:		
Contact Details			
Communication Address:			
City:		PIN Code:	
Mobile:	Landline:	(with STD code)	
Email id:			
Proofs Attached			
1- Account No.	Cheque Copy	Bank statement	Bank Passbook copy
2- Bank Branch Address:	Cheque Copy	Bank statement	Bank Passbook copy
3- PAN	Attested PAN card copy	Copy of Form 49A (PAN application acknowledgement)	
IA Declaration: I hereby declare that the particulars given above are correct and complete in all respects. I authorize PNB MetLife India Insurance Co. Ltd (the "Company") to credit any amounts that may become due to me on account of commission earned towards the sale of insurance policies issued by the Company or any other amount due to me by direct credit to my Bank Account as per details provided above. The credit of such amounts due to me to the above mentioned Bank Account will discharge the Company of its entire obligation in respect of commission or any other amount payable to me. I agree that this arrangement is without prejudice to the right of the Company to pay commissions due through cheques or demand drafts, wherever necessary. Further, in the event of my bank being unable to credit my account, for whatsoever reason, I agree to receive the amount through any other mode. I confirm that any changes in above mentioned particulars/details will be informed to the Company from, time to time. I also confirm that the Company will not be responsible for any failure on my part to intimate any such changes in a timely manner.			
IA Signature		CSO officer Signature	
IA Name:		CSO Officer Name:	
Date:		Date:	
Place:		Place:	

Please Note-

1. This facility is valid for savings & current accounts only.
2. All fields are mandatory and incomplete forms will be rejected.
3. Bank account name as provided in the Bank account details field should match with the IA's name on the appointment letter and bank proofs attached.
4. Complete Bank Account number should be mentioned in the space provided (Including preceding 0's).
5. IFSC codes are available in the cheque book issued by your bank. In case of non availability of these codes, please contact respective Branch Operations.