

Photograph
of policy holder

Registered Address:- ICICI Prudential Life Insurance Co. Ltd.,1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. IRDAI Regn No. 105. CIN: L66010MH2000PLC127837.
Insurance is the subject matter of the solicitation. COMP/DOC/ul/2024/27/6530.

SUBMIT THIS FORM WITH THE FOLLOWING DOCUMENTS:

- ☒ Cancelled cheque of your bank account. Your bank account number and name should be printed on the cheque.
- ☒ Proof of premium payment, i.e bank statement, if receiving amount in NRE bank account.
- ☒ List of KYC documents



1) PAN/Form 97 (As applicable under Income Tax Rules); and

2) Any one of the officially valid document required; and

- Passport • Driving License • Voter's Identity Card issued by Election Commission of India
- Job card issued by NREGA duly signed by an officer of the State Government
- Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator
- Proof of possession of Aadhaar number (to be taken in masked form / take redacted Aadhaar where the first 8 digits of Aadhaar are masked)

3) Recent Photograph

FOR OFFICE USE ONLY:

☐ ER Request submitted by ☐ C ☐ S ☐ CR ☐ CS

Spaarc Call ID _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Scanning Cabinet _____

Received By _____

Remarks _____

STAMP
&
TIME

**5M SELF-DECLARATION LETTER BY CUSTOMER FOR CHEQUE
REPROCESSING / REVALIDATION / STOP PAYMENT REQUEST**



Deed of Indemnity is made at _____ this _____ day of _____ between

Barcode

Mr./Ms./M/s _____, residing at

_____ hereinafter referred to as 'the Party of the First Part of the One Part' and ICICI Prudential Life Insurance Co. Ltd. a company registered under the Companies Act, 1956 and having its registered office at ICICI Prulife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025 hereinafter referred to as 'the Company' of the Other Part.

Whereas

1. The Company had issued a cheque for Policy No. _____ towards _____ with following details:

Cheque No : _____ Dated: _____ Issued by : _____

Drawn on : _____ In favor of : _____ For Rupees : _____

2. The Party of the First Part has represented to the company that the said cheque has been lost/misplaced/mutilated

3. The Party of the First Part has applied to the company for the issuance of fresh/duplicate cheque and the Company is agreeable to do so on the following terms:

NOW THIS DEED WITNESSETH that pursuant to the same and in the premises the Party of the First Part hereby agrees to indemnify & keep indemnified the Company against any loss, costs, charges and expenses that the Company may incur by reason of issuing this fresh/duplicate cheque or by reason of the original cheque being at any time found and presented for payment. The Party of the First Part undertakes that in the event of the original cheque being found, the same will be returned to the Company forthwith.

IN WITNESS WHEREOF the Party of the First Part has put his hand the day and year first hereinabove written.

Name of the customer: _____

Date _____

(Signature of the customer)

Name of the employee (In the presence of): _____

Employee ID _____

Date _____

(Signature of employee)

Kindly call our Customer Service Number 1800 2660 (toll-free)
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. 901A, 901B, A & B Wing, Prism Tower, Mindspace, Link Road,
Goregaon (West), Mumbai - 400 104.