Life Insurance Division

Change in Mode of Payment

Name of Policyholder					
Policy Details					
Policy No	Inception Date	Existing Mode	Requested Mode	Existing Premium (Nu)	Revised Premium (Nu)
Effective date					

Check List					
1	Policy document	YES		NO	

Declaration

I request RICBL to change the mode of premium payment for the above-mentioned policy/policies. I understand that the revised premium and payment schedule shall take effect from the approved effective date and shall remain subject to the terms and conditions of each policy.

Signature of Policyholder		Name & Signature of Witness	
Address		Address	
CID No.		CID No.	
Mobile No.		Mobile No.	

FOR OFFICIAL USE BY RICB					
RICB Branch Name		Date of submission	DD/MM/YYYY	KYC completed	Yes ☐ No ☐
Verified by (EID No. & Signature):					

Note: Kindly submit the KYC documents if it has not been submitted earlier.