



**AMENDMENT TO APPLICATION
(NON FACE-TO-FACE SUBMISSION) /
PEMINDAAN KEPADA PERMOHONAN (NON-FTF)**

Proposed Life Insured/Insured / Pencadang Hayat/Insured: _____

Policy No. / No. Polisi: _____ IC No. / No. KP: _____

AMENDMENT TO APPLICATION / PEMINDAAN KEPADA PERMOHONAN

I/We would like to confirm that this policy with Policy Number : _____ was purchased during the Non Face-To-Face sales process. We further confirm that the following is / our signature(s) :

Signature of Proposed Life Insured

(If Proposed Life Insured's age next birthday is 17 and above)

Signature of Policy Owner

(If Policy Owner is other than Proposed Life Insured)

Signature of Credit/Debit Cardholder

(If Cardholder is other than Proposed Life Insured or Policy Owner)

Signature of Spouse

Signature of Trustee 1

Signature of Trustee 2

Signature of Children above 18 years old

Name:

Signature of Children above 18 years old

Name:

Note : Please provide the signature(s) whichever is applicable.

Signed at / Ditandatangani di on / pada day of / haribulan , year / tahun
state / negeri month / bulan

.....
Signature of Agent / Tandatangan Ejen

Name / Nama :

IC No. / No. KP :

.....
Signature of Policyowner / Tandatangan Pemunya Polisi

Name / Nama :

IC No. / No. KP :

Tel. No. / No. Tel. :

