

REQUEST FOR CHANGE OF INSURANCE ADVISOR

To: Distribution Middle Office

I, _____ NRIC/ROC No. _____ authorise
(Only Policyholder / Company is allowed to request for the change) Income to effect a Change of Insurance
 Advisor for the following policy/policies to this Advisor
 KCB AGENCY _____ (Advisor Name) 614904 _____ (Advisor Code) 9780 1363 _____ (Advisor Mobile)

1. My Life Policy Number

2. My Health Insurance (including my dependant(s)) Policy Number

3. My General / Commercial Insurance Policy Number

Policy Number	Renewal Date	Policy Number	Renewal Date

(Renewal date for General / Commercial Insurance Policy is compulsory and change can only be reflected upon renewal)

IMPORTANT Note: Policy Number MUST be provided otherwise change will NOT be effected. I understand and agree that this Change of Insurance Advisor request for the abovementioned policy /policies is made on my own accord.

 Signature of Policyholder
 (For Company, please include Company stamp)

 Date

Policyholder's contact number: _____

Email: _____