

# Change of Nominee Form Marine Insurance Policy

## Policy Details

Policy Number

Name of Insured

## Current Nominee Details

Full Name

Relationship to Insured

## New Nominee Details

Full Name

Relationship to Insured

Date of Birth

Address

## Declaration

I hereby request and authorize the insurance company to change the nominee for the above-mentioned marine insurance policy as per the details provided above. I declare that all the information provided is true to the best of my knowledge.



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Signature of Policyholder

Date:

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Signature of Witness

Date:

*Note: Please submit this form along with a valid identity proof and any other required documents.*