

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

DD/MM/YYYY

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.



Signature of Policyholder

Date:

Signature of Witness

Date:

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