

CHANGE PERSONAL DETAILS REQUEST



Please check all details, then complete the relevant areas of the form and return it to:
 BSP Health Care (Fiji) Limited, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
 Telephone 331 7000 Call Centre 132 700 Facsimile 330 8955 Web www.bsplife.com.fj

PLEASE READ THESE NOTES:

- The Policy Owner can request updates to personal details.
- This form is to be completed for change of personal details of the Policy Owner, Primary Insured or Dependents.
- To support your application, please attach proper supporting documentation such as pay slip, letter from your employer or certified copy of either your Marriage certificate, Deed Poll, Birth certificate, Certificate of Final Dissolution of Marriage, Vola ni Kawa Bula (VKB), TIN number certificate, FNPF ID Card, FRCA/FNPF Joint ID card or Driving Licence card.
- Change Personal Details Request form must be signed by the Policy Owner or Broker.

Section A :Policy Details

Policy Number:

Policy Owner Name:

Section B : Personal Details

Complete in this section the NEW details of the Policy Owner, Primary Insured or Dependents where applicable only.

First Name:

Middle Name:

Last Name:

Date of Birth:

Marital Status:

Postal Address:

Residential Address:

Email Address:

Consent to communicate electronically: Yes No

Work Phone:

Home Phone:

Mobile:

Facsimile:

FNPF Number:

Tax Identification Number:

Driving Licence Number:

EDP/Pay Number:

Joint FNPF/FRCA Number:

Section C: Declaration

I hereby confirm details above to be correct and request for the change to be applied to the policy.

Full Name:

Signature:

Date:

Section D: For Office Use Only

Checklist: Impress received stamp on the form.

Form completed in full.

Change Personal Details Request Form must be signed by the Policy Owner.

Pay slip, letter from your employer or certified copy of Marriage certificate, Deed Poll, Birth certificate, Certificate of Final Dissolution of Marriage, Vola ni Kawa Bula (VKB), TIN number certificate, FNPF ID Card, FRCA/FNPF Joint ID card or Driving Licence card must be attached in support.

Action Taken:

Received by:

Name

Signature

Date

Authorised by: