



Change of Signature Form

Warning: Pursuant to Section 23(5) of the Insurance Act 1966, you are to disclose in this proposal form fully and faithfully, all the facts which you know or ought to know, otherwise the policy may be void.

Name of Policy Owner	NRIC / Passport Number / FIN /Company Registration No
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Important Notes:

1. Only forms with original ink will be accepted.
2. Old signature provided must be the same as the existing records with Etiqa Insurance Pte Ltd.
3. If you are using or intending to use thumbprint as signature, or you cannot recall your old signature, please visit our Customer Service Centre with your identification documents.
4. The new signature shall apply to ALL your policies with Etiqa Insurance Pte Ltd.

Declaration - Personal Data Use

I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at www.etiqa.com.sg which I/We have read, understood and agreed to the same.

Change of Signature	<hr/>	<hr/>
	Old Signature (as per our records)	New Signature

Date of Request:

FOR OFFICAL USE ONLY

Staff Name :

Staff Signature :

Date: