

CUSTOMER DATA UPDATE FORM

Please print clearly in **BLOCK** letters and tick where appropriate. Fields marked with a '*' are **MANDATORY**.

1. PERSONAL DETAILS

1.1. Policyholder Details*

Full Name*: _____

ID/ Passport No.*: _____ KRA PIN Number*: _____

Phone Number*: _____ Nationality/Citizenship*: _____

Email Address*: _____

Current Occupation: _____ Employer's Name: _____

Most Preferred Communication Option*: SMS Telephone Email Postal Letter

1.2. Alternative Contact Details*

Full Name of Alternative Contact: _____

Relationship: _____ Telephone Number: _____

Email Address*: _____

Postal Address: _____

2. CHANGE OF POLICY DETAILS

Kindly tick the appropriate nature of your policy change request. If the changes are more than one kindly tick all the appropriate choices.

CHANGE/CORRECTION OF NAME INSURED

Changed/Corrected Name*: _____

Reason for Change: _____

Verification Document*: National ID Passport Deed Poll Other, Specify: _____

CHANGE OF CONTACT DETAILS

Old Phone Number: _____ New Phone Number: _____

Old Email: _____

New Email: _____

3. CHANGE OF PAYMENT CHANNEL DETAILS (If not changing payment details, kindly skip)

I hereby authorize Britam Life Assurance (Kenya) Limited to pay my current and future withdrawals into the payment channels:

Mobile Money Transfer (M-Pesa) Phone Number: _____

M-Pesa payment option is applicable for benefits less than KES 250,000.

Direct Bank Transfer (Please provide your bank information below)

Account Name*: _____

Account Number*: _____ Bank Name*: _____

Bank & Branch Code: _____ Branch Name & Location: _____

I hereby attach a copy of my (Tick where appropriate as a confirmation of my bank account details):

ATM Card (Front-Side Only) Cancelled Cheque Bank Statement Bank Confirmation Letter

4. CHANGE OF BENEFICIARY DETAILS

FULL NAMES (IN BLOCK LETTERS)	ID/BIRTH CERT. NO /PASSPORT	DATE OF BIRTH	RELATIONSHIP	SHARE (%)	PHONE NUMBER	EMAIL ADDRESS	KRA PIN NUMBER

Please attach copies of ID/Passport number and KRA PIN Certificate as applicable or Birth Certificate where the beneficiary is a minor

5. CHANGE OF NOMINEE DETAILS

A nominee is a person who shall be entitled to receive the share of benefits for a person listed as a beneficiary and at the time of processing an applicable benefit is legally recognized as a minor. Please be aware that this change of nominee details shall revoke and replace all prior nominations made to your policy. Additionally, be aware that the change of beneficiary (including share allocation) shall supersede any previous nomination of beneficiaries submitted to Britam.

FULL NAMES (IN BLOCK LETTERS)	ID/BIRTH CERT. NO /PASSPORT	DATE OF BIRTH	RELATIONSHIP	PHONE NUMBER	EMAIL ADDRESS	KRA PIN NUMBER	MAIN BENEFICIARY LISTED

Please attach copies of ID/Passport number and KRA PIN Certificate as applicable .

6. DECLARATIONS

- 6.1. Britam in this declaration shall refer to Britam Holdings PLC and its subsidiaries.
- 6.2. I hereby warrant that I have the legal capacity and requisite authority to enter a contractually binding relationship with Britam and further warrant that any instructions given to Britam either using the primary email address or the primary mobile number shall be deemed to have been done so, with my express authority.
- 6.3. "Primary email address" is my main personal email address to which I have provided on this form. Primary mobile number" is my main personal mobile telephone number that I have provided on this form. I may change it at any time by filling in and signing a new Retail Customer Contact Indemnity Form.
- 6.4. I therefore expressly agree to indemnify and absolve Britam against any law suits, losses, charges, damages, liabilities, expenses (including legal fees), fees or claims (including claims by third parties) suffered by Britam, incurred or that may otherwise result of any reliance by Britam on any instructions or information issued by myself or purported to be issued by me and or on behalf of myself through my primary email address and or the primary mobile number as provided in this form.
- 6.5. If I wish to change either the primary email address or the primary mobile number, and do not communicate the same to Britam, then I agree not to hold Britam liable for any claim that may arise due to the use of the previous primary email address and primary mobile number in Britam's possession.
- 6.6. Other than change of my primary email address and primary mobile number and for purposes of clarity I may issue instructions to Britam through my primary email address and my primary mobile number through Britam's various service channels.
- 6.7. The company shall not be liable for having acted in good faith upon instructions purporting to come from Me/Us but which, is subsequently discovered to, or may, emanate from unauthorized individuals or in any other circumstances whatsoever.
- 6.8. I understand that Britam Life Assurance (Kenya) Limited shall not be liable if the bank account details provided above are incorrect and I hereby fully absolve Britam Life Assurance (Kenya) Limited from any liability arising therefrom. I understand that all current and future withdrawals against the above-named account will be processed into this account unless a different account has been provided by me in writing thirty days (30 days) before the withdrawal/payment due date.
- 6.9. I hereby give express, unequivocal, free, specific and informed authority to Britam and its Affiliates to use and process my/ our data pursuant to the terms as set out herein and as further set out in Britam's Privacy Policy available at <https://www.britam.com/legal/privacy-policy>.

I HEREBY CERTIFY that I have understood the meaning and effect of the above declaration and agreed to be bound by it.

Signature*: _____ Date*: _____

7. FOR OFFICIAL BRITAM USE ONLY

I HEREBY CERTIFY that I have validated the original national identification Card or Passport and confirm the customer's identity as per the attached copies of the verified original identification Card or Passport. I also CONFIRM that the customer has appeared in person for validation.

Staff's Name*: _____

Designation*: _____

Signature*: _____ Date*: _____

