

Change of Address Form

Note:

- Please note that if the new residential address of the policyholder(s) is in the United States, there are restrictions on the transactions you can undertake on your policy. Please ask your introducer for further information.
- We adhere to strict confidentiality procedures when we communicate with our clients. For security purpose, we will regard the details you provide as your authorised contact details, and it is therefore important that they are accurate and that you let us know if any of these details change.
- The completed original form along with the required documents have to be sent at admin@providence.life.

Section 1. Policy Details

Policy number

	First Policyholder				Second Policyholder			
Title	Mr	Mrs	Miss	Ms	Mr	Mrs	Miss	Ms
	Other				Other			

Surname (as shown on ID / passport)

First name (as shown on ID / passport)

Telephone number
(Include international country code)

Mobile number
(Include international country code)

Email address

Section 2. New Address Details

Address
(please ensure this matches with the proof
of address provided)

Section 3. Proof of Identity and Address

PLEASE TICK TO CONFIRM DOCUMENT IS ATTACHED.

1. Proof of Identity

Policy applicant(s) (and third-party payors, if applicable) must provide one of the following valid primary documents that has been seen and suitably certified to confirm the true likeness of the individual and is a true copy of the original.

First Applicant	Second Applicant	Third-Party Payor (if applicable)	Proof of Identity	Conditions
			Passport of primary nationality	Full page and clear copy of the passport including machine readable section and signature page. The relevant endorsement page(s) of the passport must be submitted (when applicable).
			Government issued ID card with signature, photograph and expiry date	The identification document must include the holder's full name, date of birth, gender, place of birth, nationality, signature, validity, expiry date, country of issue or issuing authority and photograph.

2. Proof of Address

In order to verify the policy applicant(s) (and third-party payor's, if applicable) current residential address, please attach either an original or suitably certified copy of one of the following documents (the documents seen must be **less than three (3) months old** upon receipt by us, unless advised otherwise) and confirm that the document is a true copy of the original and have duly be seen and verified by the certifier. The document must be issued in the name of the applicant(s) (or third-party payor, if applicable) and show the address appearing on the application form or held in our records as the current residence. Please note documents containing P.O. Box only cannot be accepted.

The documents, if not in English, should be translated into English prior to submitting and should be certified by the translator. This is a regulatory requirement.

First Applicant	Second Applicant	Third-Party Payor (if applicable)	Proof of Address	Conditions
			Utility bill	Must be issued/dated within ninety (90) days at the time receipt at Providence and must reflect supply of utilities to the residential property stated on the application. Fixed line telephone are acceptable, Mobile phone bills are not.
			Tenancy contract	The contract must be valid and signed by both relevant parties (landlord and the tenant).
			Bank statement or credit card statement	Must be issued by a regulated financial institution issued/ dated within ninety (90) days of the time receipt at Providence.
			Driving license	Must reflect the holder's residential address, valid and have an expiry date. All parts of the license must be provided.
			Employer letter	Must be on company headed paper and signed by someone in a position to issue such a letter i.e. HR manager, senior manager, cannot be signed by the applicant or relation to the applicant. Must be issued/dated within ninety (90) days at the time receipt at Providence.

Section 3. Declaration/Data Protection

- I/We understand that the personal information that I/We supply may be held and used by the Company in the following ways:
 - To process, evaluate and administer the contracts/policies/claims;
 - To prevent and detect fraud and financial crime; and
 - To perform accounting, statistical and research activities,
- I/We also understand that to carry out the above the Company may need to pass the information to:
 - Any Providence Group companies, re-insurers, reference agencies, third parties who provide relevant services to the company and my/our relevant financial professional;
 - Countries outside of Mauritius that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained;
 - Public bodies including the police, or insurers' database; and
 - Any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and/or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.
- I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.
- I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive (from the Company's Data Protection Officer) a copy of my/our personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.
- I/We confirm that this/these signature/s is/are mine/ours as policyholderholder/s or that/those of my/our appointed legal representative/s.
- I/We declare that the answers I/we have given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this application.
- I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it necessary to seek clarification regarding any part of the certification.
- I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.
- I/We agree to inform the Company in writing of any change to the information provided in this application. I/We also agree to inform the Company of any change of name, address, etc that may occur during the life of this policy.
- I/We consent to and understand Providence seeking independent verification (if considered necessary) of any information given in this application.
- I/We confirm that I/We have read and agree with the content of the Declaration/Data protection section.

I/We understand that the Group companies, and companies that they become associated with, may share the information so that they can contact me/us by mail/email, telephone or other appropriate means about carefully selected products, services or offers that they believe will be of interest to me/us.

I/We will not be contacted in this way if I/we tick here.

First Policyholder / Authorised Signatory

Second Policyholder / Authorised Signatory

Signature

Date (DD/MM/YYYY)

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