

Change of Signature Form

Warning: Pursuant to Section 25(5) of the Insurance Act (Cap 142), 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
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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

By providing the information in this application form and submitting this application, I further request for and consent to the collection, use and disclosure of my personal data by Etiqa and its related corporations, its agents and Etiqa sharing such personal data with Etiqa's business partners, marketing partners and the Co-Brand Partner (as may be relevant), as well as their authorised service provider, for the purpose of this form.

Change of Signature	<hr style="width: 80%; margin: 0 auto;"/> <p>Old Signature (as per our records)</p>	<hr style="width: 80%; margin: 0 auto;"/> <p>New Signature</p>
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Date :

FOR OFFICAL USE ONLY

Staff Name :

Staff Signature :

Date: