

UPDATE OF PERSONAL DETAILS FORM

General Information:

Policy No. Product Name

Policyholder
Last Name First Name M.I.

Data Update / Correction:

Main Insured Co-Insured Beneficiary

Name

Mobile No. Landline E-mail
(for Main Insured)

New Address
(for Main Insured)

Date of Birth

Declaration and Authorization:

I/ We agree and consent that YGC CSI, may collect, use, process and disclose the personal data in accordance with the terms and conditions based on the Declaration during the recorded communication to MILO/ SLGFI.
I/We have read, understood and agreed to the same.

I hereby consent to the update of my information as provided in this form.
I understand that this information will be used for official communication and record-keeping purposes.

**Signature over Printed Name
of Policyholder / Insured**

Date