

# CHANGE PERSONAL DETAILS APPLICATION



Please return this form to BSP Life Customer Service Centre, Ground Floor, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji or to your nearest BSP Life Customer Service Centre. If you have any questions please contact us on Telephone: (679) 331 7000 Customer Contact Centre: 132 700

## PLEASE READ THESE NOTES:

- Please complete all details in BLOCK LETTERS.
- This form must be completed for the change of personal details of the Policy Owner, Primary Insured, Spouse, Dependents or Waiver Life. One form is required for each party.
- The form must also be completed by an existing Policy Owner who is not met Customer Due Diligence requirements.
- In Section C, only the details which are changing must be completed.
- Depending on the type of change, the appropriate supporting document(s) must be submitted with the form. Please refer to the information at the end of this form.
- Where executed by a company, this form must be properly executed by the Company in accordance with its constituent documents.

## Section A: Policy Details

<b>Policy Number:</b>	<b>Policy Owner:</b>
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## Section B: Party to the Policy Requiring Change *(Enter details of person requiring change. Please complete a separate form for each person.)*

Select one:  Policy Owner  Primary Insured  Spouse  Dependent  Waiver Life

Title:	First Name:	Middle Name:
Last Name:	Date of Birth:	

## Section C: Details which are Changing

### 1. Personal Details *(For persons)*

Title:	First Name:	Middle Name(s):
Last Name:	Date of Birth: dd/mm/yyyy	

### Telephone Number(s) *(At least one telephone number is required)*

Home Phone Number:	Work Phone Number:
Mobile Phone Number:	Facsimile Number:

### Identification Details *(Complete the following identification details for verification purposes)*

What is your secret question?	
What is the answer to your secret question?	

Identification 1:	Type	ID Number:	Expiry Date:
Identification 2:	Type	ID Number:	Expiry Date:

### 2. Organisation Details *(for Organisations)*

Full Name:	
Authorised Representative and Position:	

**Telephone Number(s)** (At least one telephone number is required)

Home Phone Number:	Work Phone Number:
Mobile Phone Number:	Facsimile Number:

What is your secret question?	
What is the answer to your secret question?	

**3. Contact Details**

**Preferred Communication Method**

Email  Post

Email Address (if preferred method is Email):	
Alternate Email Address:	

**Mailing Address**

Attention:	Address:
Suburb/Region:	City/District:
Post Code (If applicable):	Country:

**Physical Address**

Attention:	Address:
Suburb/Region:	City/District:
Post Code (If applicable):	Country:

**4. Bank Account Details**

Bank Name:	
Bank Account Name:	
Bank Account Number:	

**5. Customer Due Diligence**

Fiji citizen and resident in Fiji  Fiji citizen and not resident in Fiji  Politically exposed person   
Non-Fiji citizen  Legal entity (Organisation)

Have you, any of your family members or your close associates been entrusted with any prominent public function in a foreign country such as a Head of State or of Government, a senior politician, a senior government, judicial or military official, a senior executive of a state-owned corporation or any important political party official? Yes  No

## Section C: Declaration by Policy Owner

I/We the Policy Owner or Authorised Person (if Organisation) declare that:

- I/We consent to change the policy cover details as set out in this application.
- All information has been entered, checked and verified as true and correct.

Full Name:		
Signature/Thumb Print:	Signed at:	Date:

### Execution by Witness:

Full Name:		
Address:		
Signature:	Signed at:	Date:

Supporting Documentation	
First Name, Middle Name, Last Name	Marriage certificate, deed poll, birth certificate, Certificate of Final Dissolution of Marriage, Vola ni Kawa Bula (VKB)
Marital status	Marriage Certificate or Certificate of Final Dissolution of Marriage, Decree Absolute or the Final Order for Dissolution of Marriage.
Ethnicity	No supporting document required
Residential Address	Refer to BSP Life's List of Accepted Identification.
Postal Address	No supporting document required
Voter Registration No.	Voter Registration Card
Tax ID	TIN number certificate, Joint ID card (FNPF and TIN card)
FNPF number	FNPF ID Card, Joint ID card ( FNPF and TIN number card)
Payroll number	Pay slip, letter from employer
Citizenship	Passport, Confirmation Letter of Permanent Residency in Fiji

List of Secret Questions?	List of Secret Questions?
1. What is your all-time favourite sports team?	18. What is your eldest son's name?
2. What is your driver's license number?	19. What is your daughter's name
3. What is your father's middle name?	20. What is your favourite movie?
4. What is your favourite pastime?	21. Who is your favourite actor?
5. What is your mother's maiden name?	22. Who is your favourite actress?
6. What is your passport number?	23. What is your favourite TV series?
7. What make was your first car or bike?	24. What is the name of your village?
8. What was the name of your first school?	25. What is the initial of your elder's son?
9. What was your first pet's name?	26. What is your favourite colour?
10. What was your high school mascot?	27. What is the name of your old school?
11. Where did you first meet your partner?	28. What is your favourite sport?
12. What was your childhood hero?	29. Who is your admirer?
13. What is your middle name?	30. What is your in-law's name?
14. What is your spouse's name?	31. Who is your icon?
15. What is your mother's first name?	32. What is the color of your eyes?
16. What is your father's first name?	33. What is your favourite drink?
17. What name do you prefer to be called as your nickname?	34. What is your favourite food?
	35. What is your hair colour?