

Consent Withdrawal Form

Name of the Requestor/ Policy Holder:

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Proposal/Policy Number:

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Mobile Number:

Email Address:

I hereby withdraw my consent given during the authentication process for applying, claiming, processing the insurance policy with Shriram Life Insurance Co Ltd and for storing my e-KYC data as per the provisions of Aadhaar Act, 2016(as amended).I am aware that I must submit Alternate KYC Documents corresponding to avail the same services mentioned above before withdrawing the consent.

I do understand the requirements of submission of valid identity / authentication proofs for the purpose of policy purchase/processing/claim processing. I will cooperate with Shriram Life Insurance to ensure that any alternative documents required along with alternative methods of authentication are submitted as per the regulatory requirements.

Signature:

Date: