



**APPLICATION FOR CHANGE OF NAME/SURNAME/ADDRESS/DATE OF BIRTH**

To request changes related to your personal details please complete the form below:

**PERSONAL INFORMATION**

First Name: 



 Second Name:

Associate ID:

I want to Change my: Name:  Address:  Date of Birth:

Email ID:

Phone:

Reason for Change:

**EXISTING NAME/SURNAME/ADDRESS/DATE OF BIRTH**

Name: 



  
Surname: 



  
Address: 



  
Pin Code:

Date of Birth:

**UPDATE NAME/SURNAME/ADDRESS/DATE OF BIRTH**

Name: 



  
Surname: 



  
Address: 



  
Pin Code:

Date of Birth:

**Undertaking: -**

I am attaching ..... date of birth certificate/marriage certificate/photo identity copy/Bank/PAN Card as a proof. I also acknowledge and understand that GMW has the sole discretion to determine whether a request for such change be approved or denied.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_