

# Information Amendment Notification

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Insert Policyholder Name],

We are writing to inform you of an important amendment to the information associated with your policy. Please find the details below:

## Previous Information

- **Address:** [Insert Previous Address]
- **Contact Number:** [Insert Previous Contact Number]
- **Email Address:** [Insert Previous Email]

## Updated Information

- **Address:** [Insert New Address]
- **Contact Number:** [Insert New Contact Number]
- **Email Address:** [Insert New Email]

If you believe this information is incorrect or if you have any questions, please do not hesitate to contact us at [Insert Contact Information]. We appreciate your attention to this matter.

Thank you for being a valued policyholder.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Company Name]

[Insert Company Contact Information]