



Free Look Cancellation Request



Note: Please complete the form in CAPITAL LETTERS.

All fields with (*) are mandatory

POLICY DETAILS	Policy Number*:	<input type="text"/>	Plan Name*:	<input type="text"/>
	Policy Holder's Name*:	<input type="text"/>		

ADDRESS	Address*:	<input type="text"/>									
	City*:	<input type="text"/>	State*:	<input type="text"/>	PIN*:	<input type="text"/>					
	Landline*:	<input type="text"/>	Mobile*:	<input type="text"/>							
	E-mail*:	<input type="text"/>									

BANK DETAILS & DECLARATION	Reason for Cancellation:	
	To avail RTGS/NEFT facility for direct credit in to your bank account, fill in the following details along with a copy of a personalized canceled cheque.	
	Account Type*:	<input type="checkbox"/> Savings <input type="checkbox"/> Current Account
	Bank Name*:	<input type="text"/>
	Bank Branch*:	<input type="text"/>
	Bank Address*:	<input type="text"/>
	Account Number*:	<input type="text"/>
	IFSC Code*:	<input type="text"/>
	*Is client an existing customer of Pension Plan from Exide Life Insurance Company Limited or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	*If Yes, Cheque to be issued in favor of (Specify the full name of the company from where the annuity plan is to be purchased)	
Date of receipt of Policy Bond	<input type="text"/>	
Free look is calculated as 15 days from the date of receipt of Policy Bond by customer.		
Customer Signature: <input type="text"/>		

WITNESS DECLARATION	Declaration by the witness in case Life Assured & / or Proposer has / have signed in Vernacular language or given Thumb Impression.	
	I (witness name) <input type="text"/> hereby declare that I have truthfully recorded the replies given by the Life Assured / Proposer after fully explaining the contents of this form to the Life Assured / Proposer and he / she has understood the contents thereof.	
	Signature of witness:	<input type="text"/>
	Date:	<input type="text"/>

FOR OFFICE USE ONLY	Policy Bond received:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee No.:	<input type="text"/>	Signature: <input type="text"/>
	Name of Customer Service Representative:	<input type="text"/>	Branch Code:	<input type="text"/>	
	Date:	<input type="text"/>			

ACKNOWLEDGEMENT SLIP	This is to acknowledge the receipt of your application for Free Look Cancellation.		Customer Service Executive Signature:	<input type="text"/>
	Policy Number:	<input type="text"/>	Date:	<input type="text"/>
	Documents received:	<input type="text"/>		
	Valid Address Proof <input type="checkbox"/>	Specimen Signature Form <input type="checkbox"/>	Date:	<input type="text"/>
	Others:	<input type="text"/>		