



**DECLARATION FOR SURRENDER**

I/We understand that the surrender of the policy results in the termination of the policy and that I/we are required to return the original policy document to the Company. I/We also understand and agree that the policy shall be deemed to have been duly surrendered and the company discharged of all liabilities under it upon the payment of surrender value, notwithstanding the non-production of the original policy document to the company, for any reason. Where the policy is not submitted to the company, the policy owner hereby agrees to indemnify the Company against all liabilities that the company may incur on account of any claim being made by any other person on the basis of possession of the policy document or otherwise. I/We also understand that the contract of insurances shall be deemed to have been duly terminated on my /our signing this application form for surrender of the policy.

<b>In case the policy is absolutely assigned, please specify in whose favour the payment of surrender proceeds should be made</b>	<input type="checkbox"/> Assignor	<input type="checkbox"/> Assignee
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<b>I/We have enclosed the policy document</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Signature of Policyholder</b>		<b>Name, signature (and rubber stamp for coporate firm) of Assignee in case of absolute assignment</b>	
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<b>Place</b>		<b>Place</b>	
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<b>Date</b>	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	<b>Date</b>	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
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**DECLARATION (By Person filling the form on behalf of the policyholder for forms signed in Vernacular languages or Thumb Impression)**

I \_\_\_\_\_ having known the policyholder for a period of \_\_\_\_\_ do declare that I have explained the nature of the questions contained in this form to the policyholder. I have also explained that the answers to the questions form the basis for accepting this request for Surrender.

<b>Date</b>	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
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<b>Signature of the Person filling the form on behalf of the policy holder</b> <small>(For forms signed in vernacular language / Thumb Impression)</small>	
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**WITNESS DETAILS**

<b>Witness Name and Signature</b>	<b>Place</b>	
	<b>Date</b>	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
	<b>Witness Contact Number</b>	

**IMPORTANT GUIDELINES**

- Cheque submitted along with payout requests should be cancelled/defaced. While doing so, please ensure the account no. / IFS code is clearly visible.
- Cheque should not be signed
- Attached snap shot of cancelled cheque for better understanding of customer. Highlighting the following checks.(Pictorial)
  - How to put Cancel cheque reflects
  - Mentioned Cheque not to be signed at the signature part
  - Importance of A/c No. & IFS Code – Highlight this area with comment “Ensure highlighted area is not defected while cancelling the cheque”



- Please ensure you do not deface this part while canceling the cheque
- Kindly deface the cheque number