

AUTOMATIC SURRENDER DISCHARGE FORM

Policy No: _____ on the life of Mr/Mrs/Ms _____

I/We, _____

the Proposer / Life Assured / Assignee(s) do hereby acknowledge receipt of a sum of Rs _____ (in words)

Rs _____ (**approx**) in full satisfaction of all my claims and demand in respect of Automatic Surrender value against the above mentioned policy. I'm handing over the original policy bond along with this discharge form after agreeing to the foreclosure norms as specified in the policy document.

Declaration:

I/We hereby declare that I/We have not served on any office of the Shriram Life Insurance Co. Ltd., any notice of assignment/reassignment in respect of the above policy except those if any, already registered with the Shriram Life Insurance Co. Ltd., nor shall I/we serve on any office of the said company any notice of assignment or reassignment before payment of the automatic surrender value and foreclosure of the policy: _____.

◆ Present address to which cheque is to be sent: _____

◆ Payee details to issue Account Payee cheque: _____

Bank A/c No: _____

Name of the Bank: _____

Dated at..... this day of..... 20....

Signature of Policyholder / Assignee(s) in English (or) Vernacular Language:

1. _____.

2. _____.

Please affix
Re.1 Revenue
Stamp and sign
across the
stamp.

In the presence of **WITNESS: Signature** _____.

Full Name of the Witness Address of the Witness: #	*Name of the Scribe: Address of the Scribe: #
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*** If the application is signed in a vernacular language and with the help of a scribe, then please fill & sign the following:**

DECLARATION BY PERSON FILLING THE FORM (For form filled in by a scribe for forms signed in vernacular languages)

I _____ having known the policyholder for a period of _____ (Yrs / Months) do declare that "I have explained the nature of contents of this form to the policyholder, which forms the basis for accepting this request for automatic surrender and foreclosure of his/her policy".

Signature of Scribe (for forms signed in vernacular language) _____.

*** In case if the policy is conditionally assigned, then the policyholder as well as the assignee(s) should sign the Discharge Form.**