

Application No:

Date: ___/___/___

Application Form for Policy Surrender

(This application form is to be used only if the policy is not assigned)

Policy Number

Name of the Policy Holder
(As in Policy Document) Mr/Mrs/Ms First Name Last Name

Present Address of Policy Holder

City State Pin Code

Pay Out Details:	Account Holder Name	Bank Account No:	Bank Name & Branch
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

* I would like to receive my payment through crossed cheque based on the details mentioned above and I hereby take the sole responsibility for the correctness of the bank account number and other details of this form. I undertake that, I'll not hold the company responsible in any manner for any transactions affected by the company due to the incorrect bank A/C No: (or) other details stated by me.

Contact Numbers
Mobile STD Code Residence / Office

Email Id (if any)

Policy Surrender: I would like to surrender my above mentioned policy. I understand that the surrender of policy requires submission of original policy document as it means termination of the policy. I am enclosing the original policy document and discharge form along with this application form. I also understand that the surrender value will be arrived at depending on the N.A.V on the date of processing of request and after deducting the surrender charges as mentioned in the policy document and Surrender Quotation. I give my full consent and accept all the conditions mentioned above.

Date ___/___/___ Place _____ Signature of the Policy Holder _____

Name of the Witness
Mr/Mrs/Ms First Name Last Name

Present Address of the Witness

City State Pin Code

Contact Numbers
Mobile STD Code Residence / Office

Date ___/___/___ Place _____ Signature of the witness _____

★ If the signature varies from the one signed in the proposal form, then please get the Notarization done as enclosed herewith.

Signature of Policy holder (as signed in this form)

Signature & Stamp of Notary

Note:

- ❖ All the columns to be duly filled by the Proposer/Policy holder. Once Surrender request is submitted, the same cannot be cancelled and further claims will not be admitted. Reinstatement of a policy is not allowed, once it is surrendered by the policy holder.
- ❖ The decision to accept or reject a surrender request vests solely with the Authority, who was authorized by the Shriram Life Insurance Company.
- ❖ The Net Amount of Surrender Value payable mentioned in the Quotation for Surrender request is only indicative and may vary depending on the date the Surrender request is processed by the branch.
- ❖ Once application for Surrender is received by any of our branches, subsequent requests for other benefits, Claim intimation etc will not be accepted for processing by the Shriram Life Insurance Company Limited.
- ❖ Once Surrender value is paid on a policy, the policy contract stands terminated and subsequent claims on that policy will not be entertained by us.

Surrender Application - Acknowledgement:

Application No:

Policy No:

Application Received Date: ___/___/___ Time: _____ Am / Pm

Policy Holder Name _____

The following documents are enclosed along with the Loan application: (Tick ✓ the appropriate box)

◆ Original Policy Certificate. ◆ Surrender Application Docket.

Office Stamp & Seal (with time & date)

(Application for Surrender Received)

Signature of Office Incharge