3-6-478, 3rd Floor, Anand Estates, Liberty Road, Himayat Nagar, Hyderabad - 500 029
Phone: +91 - 40 - 2343 4466, Fax: +91 - 40 - 2343 4488

Application No: Pre-numbered

Application Form for Policy Surrender (This application form is to be used only if the policy is not Assigned)

Date: ___/___/_____

Policy Number

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

Present Address of Policyholder

City State Pin Code

Policy Surrender: I would like to surrender my above mentioned policy. I understand that the surrender of policy requires submission of original policy document, which means termination of the policy contract. 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, timing of the request and after deducting the surrender charges as mentioned in the policy document. I give my full consent and accept all the conditions mentioned here under.

Date ___/___/_____ Place _____ **Signature of the Policyholder** _____.

★ **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 singed 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 to surrender his/her policy".

Address of the Scribe: _____

_____ **Signature of Scribe** _____.

★ **Payment Mode:** Account Payee Cheque ☐ Demand Draft ☐ (√ relevant column) (Bank Charges to issue a DD will be recovered from Surrender Amount to be paid)

Pay Out Details:

Account Holder Name	
Bank Account No:	
Bank Name & Branch	

* 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)

Witness: 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** _____

Points to remember before submitting a Surrender Request:

- All the columns to be duly filled in by the **Proposer/Policyholder**. Once **Surrender** request is submitted, the same cannot be cancelled.
- The decision to accept or reject a surrender request, vests solely with the Authority, who was authorized to do so by the Shriram Life Insurance Company Limited.
- The **Net Amount** of **Surrender Value** payable as mentioned in the Surrender Quotation is only **indicative** and may **vary** depending on the date the **Surrender application** is **submitted** to the branch/agent location/Divisional Office.
- Once the Surrender application is submitted, subsequent requests for other benefits, Claim intimation etc will not be accepted for processing by the Shriram Life Insurance Co. Ltd. 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: Pre-numbered

Policy No:

Office Stamp & Seal (with time & date)

Surrender Application Received Date: ___/___/_____. **Time:** _____ **Am / Pm**

Policyholder Name _____

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

(Application for Surrender Received)

- **Original Policy Certificate.** ☐
- **Surrender Application Docket.** ☐

Signature of Office Incharge