



**འབྲུག་ལྗེ་སྲུང་ལས་འཛིན་ཚོང་།**  
**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**  
HEAD OFFICE: THIMPHU

**Surrender Form**

		Date:	/ /		
Srl #	Details	Answer			
1	Policy Number				
2	Date of commencement				
3	Number of Years Premium Paid				
4	Total Premium Paid				
5	Amount Payable after surrender				
6	Do you agree to the above mentioned amount that will be paid after surrendering the policy	YES		NO	
Check List					
1	Policy document	YES		NO	
2	Discharge Vouchers duly Signed, stamped and witnessed	YES		NO	

Signature of Policyholder		Signature of Witness	
Name		Name	
Address		Address	
ID Card No.		ID Card No.	
Mobile No.		Mobile No.	

<b>Number of years Premium paid required for policies to be eligible for surrender</b>		
Srl #	Products	Minimum Years (Premium paid in Years)
1	EAPP/DEPP/LIMPAYP/YEAPP	2 Years
2	AN-LIV/AN-NV/MBP/MBP-NV/MILL-EDU/ME-NV/GPLP/PHO-MO/TMN/CMBP	3 Years
3	SJTWP/SJT	5 Years