Life Insurance Division

Policy Surrender Form

			Date: DD/MM/YYYY		
Srl #	**Details**	**Answer**			
1	Policy Number				
2	Date of commencement				
3	Number of Years Premium Paid				
4	Total Premium Paid				
5	Surrender Amount/Value				
6	Reason for surrender				
7	Account Number				
Check List					
1	Policy document/Policy Closure Form	YES		NO	
2	CID Copy of a Policyholder	YES		NO	

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

*Note: Refer to **Annexure 13** of the **Life Insurance Manual** for the policy surrender conditions and eligibility criteria for surrendering a policy.*

(FOR OFFICIAL USE BY RICB)				
Branch Name		Date of Submission	DD/MM/YYYY	Verified by (EID No. & Signature)
Received By		KYC Completed	(Yes/No)	