



“Your partner for growth and security”

Voluntary discontinuation of policy

Date:

Sl No.	Policy Details			
1	Policy Number			
2	Date of commencement			
3	Number of years premium paid			
4	Total premium paid			
5	Would you like to discontinue the policy?	YES	NO	
6	Reason for the discontinuation			
Check List				
1	Policy Document	YES	NO	
2	CID copy of the Proposer	YES	NO	

I/We.....hereby declare that I/We wish to discontinue the policy and whatever the premiums, which has been paid shall stand forfeited. The liability of the Insurer to provide risk coverage and the liability of the Insured to pay the premium ceases with the submission of the form.

Signature of the Policy Holder	Signature of the Witness
Name	Name
Present Address	Present Address
CID No.	CID No.
Mobile No.	Mobile No.