Life Insurance Division

Voluntary discontinuation of policy

Sl#	Policy Details				
1	Policy Number				
2	Date of commencement	DD/MM/YYYY			
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.	

FOR OFFICIAL USE BY RICB					
RICB Branch Name		Date of submission	DD/MM/YYYY	KYC completed	Yes ☐ No ☐
Verified by (EID No. & Signature):					

Note: Kindly submit the KYC documents if it has not been submitted earlier.

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