Life Insurance Division

Policy Closure Form

The Life Insurance Policy No……. of Mr./Ms./Mrs.…….... ….……..…….……. bearing CID No……(“Policy-Holder”) for Mr./Ms./Mrs.……..……..bearing CID No..…….... (“Life Assured”), having the policy term commencing from ……/……../……...to ……/……../…… has been terminated/cancelled for any of the following reasons:

1. Full Surrender ☐
2. Maturity ☐
3. Death ☐
4. Voluntary Discontinuation ☐

The Claimant, Mr./Ms./Mrs.……... has claimed the benefit amounting to Nu…….. vide Cheque No……..on..……../……../……

DECLARATION

1. Now therefore, by signing this Policy Closure Form, I/We fully understand and confirm that the contract of this insurance policy stands terminated/cancelled from the date of signing this Form
2. Further, I/We understand that RICBL shall not be liable for payment of any claim to the Policyholder or the Life Assured hereafter under this Insurance Policy.

Legal Stamp			
Signature of Policyholder		Signature of Witness	
Name		Name	
CID No.		CID No.	
Date		Date	
Mobile No.		Mobile No.	
Place		Place	

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