

APPLICATION FOR SURRENDER OF POSTAL/ RURAL LIFE INSURANCE POLICY

(Please fill in the columns in CAPITAL letters)

1. Details of Policy to be surrender

i. Policy No.

ii. Sum Assured ₹ / -

iii. Date of Acceptance / /

iv. Date of Maturity / /

2. Name of Insurant (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Communication Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Village	<input type="text"/>	Taluka	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	District	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>	PIN

4. Details of loan taken on policy, if any

i. Sanction Date: / /

ii. Amount of Loan: ₹ / -

iii. Date of repayment of loan: / /

5. Reasons/ circumstances for surrendering policy _____

6. Name of the Post Office (if it is Sub Office, write the name of Head Office as well) at which the payment is desired.

i. Name of Sub Post Office

ii. Name of Head Post Office

7. For payment of surrender value through cheque, please provide following information about your Post Office/Bank account:-

i. Account No.

ii. Name of Post Office/ Bank

iii. Branch Name:

8. (i) Designation and Address of Drawing and Disbursing Officer during last six months

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Village	<input type="text"/>	Taluka	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	District	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>	PIN

ii. Name of the Post Office where premia were paid during last six months.

a) b) c)

d) e) f)

Date: _____

Signature of Insurant
Name:
Phone no.:
Office:
Residence:
Mobile no. :

Documents attached:

- (a) Policy document.
- (b) Loan Repayment Receipt Book relating to previous loan.
- (c) Premium Receipt Book.
- (d) Certificate of Pay Disbursing Officer regarding recovery of premia from pay for the last six months.