

## POLICY SURRENDER FORM FOR GROUP POLICIES

FOR OFFICE USE ONLY

Received By

\*\*\*\*\*

Signature

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Date and Time of receipt

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**Master Policy No.:**

AND

COI No.

**\*Please update your latest Bank Account details with us.\***

## SURRENDER OF POLICY

I, \_\_\_\_\_, would like to surrender  
my above-mentioned Policy, due to following reason

I hereby request you to please refund the surrender value as applicable. I am also enclosing the original Certificate of Insurance along with this form.

Date of Loan Closure: \_\_\_\_\_ (Mandatory to fill up in case of GLPP & Group Secure)

**Original Certificate of Insurance issued by the Insurance company needs to be attached with this form as a mandatory document.**

Member Account details are required, if member is interested for direct transfer to his/her account:  
In case of surrender request under Master policy No.GL000001 & GL000002, account details are required of respective channel.

**ACCOUNT NUMBER:**

**BANK NAME:**

**BRANCH DETAILS:**

**IFSC CODE:**

**PAN NO.:**


**Name of Insured Member**

**Date**

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**Signature/Thumb Impression of Insured Member**

**Signature of Bank Authorized Signatory with Bank Stamp (Mandatory)**

**Note:** Please route your request through concerned bank branch.

**Declaration, if this form is signed in Vernacular/Thumb Impression:**

I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms \_\_\_\_\_  
in \_\_\_\_\_ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than  
English in my presence after fully understanding the contents thereof.

Name of Declarant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

I/We authorize the Company to seek/ store or/and to share my KYC details from/ with (i) Governmental and/or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/UIDAI (iv) reinsurers/group companies/hospital or diagnostic centers/other insurance companies or third parties for underwriting assessment, claim investigation/ settlement, KYC authentication, policy servicing purpose and such like purposes.

**Instruction & Disclaimer**

- Kindly fill in the details in English only.
- In the event of any disagreement in interpreting the content, English version will prevail.
- The original form will be submitted back to the customer incase request taken through Distributor App


**Canara HSBC Life Insurance Company Limited**

(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) **IRDAI Regn. No. 136**

**Head Office Address:** 139 P, Sector 44, Gurugram – 122003, Haryana, India

**Registered Office Address:** 8<sup>th</sup> Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001

**Corporate Identity No:** U66010DL2007PLC248825

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