

**NO OBJECTION CERTIFICATE FOR BENEFIT PAYMENT IN CASE
OF CONDITIONAL ASSIGNMENT**

This is regarding the Life Insurance Policy bearing No _____ issued by Canara HSBC Life Insurance Company Limited (Company) in favor of _____ (Policyholder) on which a conditional assignment was recorded earlier in favour of _____ (Assignee).

We request the Company to revoke the conditional assignment and hereby declare that the (assignee/assignor) _____ Mr/Ms/M/s _____ is hereby authorized to receive all the Policy benefit payable which is already due or shall be due against the above mentioned assigned Policy and that such payment shall give a valid and sufficient discharge to the Company.

Signature of Assignor

Signature of Assignee

(Company/bank stamp and signature of
authorized Signatory if Assignee is a
Company/bank)

Name:

Name:

Date:

Date:

Address:

Address:

Contact Number:

Contact Number:

DECLARATION

I hereby state that whatever is stated herein above by _____ are true to the best of my knowledge and the signature is of the assignor and assignee affixed on the date & place herein above stated.

Signature of Witness:

Full name of Witness:

Date:

Address:

Contact Number:

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

I, _____ son / daughter of _____, an adult residing at _____ hereby declare that the contents of this form have been duly explained to me in _____ language and have been understood by me.

(Signature of the customer) _____ Date _____ Contact No. _____

Instruction & Disclaimer:

- Kindly fill in the details in Hindi/English only.
- In the event of any disagreement in interpreting the content, English version will prevail.

**Canara HSBC Life Insurance Company Limited
IRDAI Regn. No. 136**

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