

PARTIAL WITHDRAWAL FORM

MASTER POLICY NO.:		MASTER POLICY HOLDER NAME :	
NAME OF SCHEME (Gratuity / Superannuation / Leave Encashment)			

WITHDRAWAL DETAILS :

Amount (in ₹)	
	----- (in words)

DATE

PLACE

SIGNATURE OF TRUSTEES/AUTHORIZED SIGNATORIES:

- Name of the Trustees/Authorized Person: _____
- Signature of the Trustees/Authorized Person: _____

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 _____

Instruction & Disclaimer:

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