



aapke vaade,
sar aankhon par

POLICY SURRENDER FORM FOR GROUP POLICIES

Please update your latest Account details with us.

FOR OFFICE USE ONLY

Received By
.....

Signature
.....

Date and Time of receipt

Master Policy No.:																					
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AND

COI No.																					
---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please update your latest Bank Account details with us.

SURENDER 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

--

--

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 Oriental Bank of Commerce Life Insurance Company Limited (IRDAI Regn. No. 136) 2nd Floor, Orchid Business Park, Sector-48, Sohna Road, Gurugram-122018, Haryana, India Regd Office : Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001, Corporate Identity No.- U66010DL2007PLC248825, Contact 1800-180-0003, 1800-103-0003(Tel)/ +91 0124 4535099 (Fax)/ Email : customerservice@canarahsbclife.in, Website : www.canarahsbclife.com.