



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

_____ DIVISIONAL OFFICE

FORM OF RECEIPT FOR THE SURRENDER VALUE OF POLICY NO.

On the Life of _____

For Rs. _____ dated _____

I/We hereby declare that I/We have not served on any Office of the Life Insurance Corporation of India any Notice of assignment or reassignment in respect of the above **POLICY/ POLICIES** except those, if any already Registered by the Life Insurance Corporation of India or the Insurer who issued the above **POLICY/POLICIES** nor Shall I/We serve on any office of the said Corporation, any notice of assignment or reassignment before payment of the Loan Value/ Surrender Value or Survival benefit due on _____ I have not dealt with the Policy in any other way.

I/We _____

do hereby acknowledge receipt from the Life Insurance Corporation of India of the sum of Rupees * _____ being the

Surrender Value including Cash Value of Bonus and premiums refundable on account of occupation extra and / or DAB/EPDB extra of the above Mentioned Policy, which is herewith delivered up to the said Corporation to be cancelled. In witness whereof these presents are subscribed by me/us.

at _____ on _____
Name of the place

the _____ day of _____ 2000
Date Month

SURRENDER VALUE (Inclusive of Cash Value of Bonus) Rs. _____

Premium refundable on account of occupation extra Rs. _____

Premium refundable on account of D.A.B. / EPDB extra Rs. _____

Less :

Loan Rs. _____

Interest Rs. _____

APL Debt Rs. _____

Other Charges (to be specified) Rs. _____

Rs. _____

ENGLISH-KNOWING WITNESS :

Signature : _____

Full Name : _____



One Rupee
Revenue
Stamp
When
amount
exceeds Rs.
500/-

(of the witness)

Occupation : _____

Address : _____

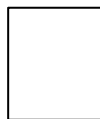
Signature In Short in English
 Full Vernacular

* Gross amount of Surrender Value

* Delete where not applicable

Note : Illiterate persons must affix their thumb marks which should be identified by the attesting Magistrate under the seal of his office, or a Block Development Officer or a Gazetted Officer or a Principal/Headmaster of Local High School or Higher Secondary School run by the Government or an Agent of a Nationalised Bank or Class I Officer of the Corporation or a Development Officer of the Corporation with atleast Five Years' Service provided he/she is fully satisfied about the identify of the person(s) executing the form. Signature in Regional Languages must be attested by respectable English-knowing persons. The witness attesting such Signatures/thumb marks should sign the declaration below :-

"The contents of this discharge form have been explained to _____
_____ and he/she/they have/has signed the same/put thumb impression after fully understanding the same.



SEAL OF OFFICE
IF ANY

Signature of the Witness

If the Receipt is signed by more than one person and payment is desired to be made to only one of their number, then a letter of Authority as under must be completed and signed by all of them except the authorised person before Magistrate or a Block Development Officer or Gazetted Officer or a Principal/Head Master of Local High School or Higher Secondary School run by the Government or an Agent of a Nationalised Bank or a Class I Officer of the Corporation or a Development Officer of atleast 3 years' standing or confirmed Dev. Officer recruited from Agents who were D.M.'s or B.M.'s Club Members before joining provided he/she is fully satisfied about the identity of the executants. The Letter of Authority will also be required if payment is to be made to any person other than the parties signing the Receipt.

Place _____

Date _____

I/We hereby authorise and request Life Insurance Corporation of India to pay the above mentioned amount of Rs. _____
to _____
(Name of the authorised person)

Signed by the party or parties
Within-mentioned in the presence of :

Signature/s in full

Magistrate or a Block Development Officer or a Gazetted Officer etc.

?? I hereby certify that the contents of this note of Authority were explained by me in vernacular to

and he/she has agreed to payment being made to _____

They have

_____ the party or parties authorised.

Magistrate or a Block Development Officer or a Gazetted Officer etc.

?? This endorsement is required to be completed and signed by the attesting Magistrate, or a Block Development Officer or a Gazetted Officer etc. when the Note of Authority is completed by an illiterate or Vernacular knowing person.

F.No. 5074/3510 (Rev.)
