भारतीय आयुर्विमा महामंडळ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
मुंबई विभाग-III/मुंबई संभाग-III/MUMBAI DIVISION-III

LIFE INSURANCE CORPORATION OF INDIA

Discharge of_____Policy NO._____

Dt._____On the life of_____

I/We_____

Maturing/due on_____

_____the Life assured/assignee(s)/Trustee acknowledge receipt from the Life Insurance Corporation of India of the sum of Rupees

_____

the gross amount of claim in full satisfaction of all my/our claims and demands in respect of the following payment under the above policy in terms of the policy contract.

Sum Assured_____ Premium_____

Vested Bonus_____ Late Fee_____

Interim Bonus_____ Loan_____

FAB_____ Loan Int._____Others_____

Net Payable_____

I/We hereby declare that I/We have not served on LIC of India any notice of assignment or reassignment in respect of the above Policy except those, if any, already registered by Corporation before payment of the survival benefit/maturity claim under the policy. I/We have not dealt with poicy in any other way.
Policy is hereby delivered to the said Corporation for cancellation/endorsement.

Dated at_____ this_____day of

Stamp

Signed by Mrs/Mr/Miss_____
in the presence of

Signature of witness_____
Particulars of Witness:

Full Name_____

Designation_____

(Signature/s of the claimants/ in full & short in English / vernacular)

Address_____

I am giving below NEFT details.

1. IFSC Code_____Bank Name_____

2. Bank Address_____

3. Account Type : Saving / Current / Cash Credit / NRI. Account Number :-

4. Phone No._____Email ID_____

_____

Signature of the Policyholder

Date:_____/_____/_____

As a proof thereof kindly submit following documents.
1. Cancelled cheque leaf bearing name of the Life Assured OR if the cheque leaf does not bear name of the Policyholder then

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