

Life Insurance Policy Cancellation and Surrender Form

Policy Details

Policy Number

Policyholder Full Name

Date of Birth

Contact Number

Address

Cancellation & Surrender Information

Reason for Cancellation/Surrender

Requested Effective Date

Refund Amount (if any)

Preferred Payment Mode

Bank Details (for Refund, if applicable)

Account Holder Name

Bank Name

Account Number

IFSC/Branch Code

Signature of Policyholder

Date

For Office Use Only