

Insured Identity Verification Form for Policy Surrender

Policy Number

Date

Full Name of Insured (As per Policy)

Date of Birth

Contact Number

Address (As per Policy Records)

Type of Identification Document

Select

Identification Document Number

Date of Issue

Date of Expiry

Reason for Policy Surrender

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand tha

Signature of Insured

Date