

# Insurance Policyholder Surrender Declaration Form

## Policy Details

Policy Number

Policy Type

Policy Issue Date

## Policyholder Information

Full Name

Date of Birth

Address

Contact Number

Email Address

## Bank Account Details (for Surrender Payment)

Account Holder Name

Bank Name

Account Number

IFSC/SWIFT Code

## Surrender Declaration

I hereby request the surrender of the above-mentioned insurance policy. I declare that I am the rightful policyholder and confirm that all information provided is true and accurate. I understand and agree to the terms and conditions regarding policy surrender, including the surrender value settlement as per the policy guidelines.

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Signature of Policyholder

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Date