

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.

Signature of Policyholder

Date