

Assignment of Policy Benefits for Agricultural Insurance

This Assignment is made on the

day of

, 20____.

Policy Holder (Assignor) Details

Full Name:

Address:

Policy Number:

Contact No.:

Assignee (Beneficiary) Details

Full Name:

Address:

Entity (e.g., Bank/Fl):

Contact No.:

Declaration

I, the undersigned Policy Holder, hereby irrevocably assign all benefits, claims, and rights under the above-mentioned Agricultural Insurance Policy to the Assignee stated above, subject to all the terms and conditions of the said policy and applicable law.

Assignor's Signature:

Name & Date

Assignee's Signature:

Name & Date

For Office Use Only

Received By:

Date:

Remarks:
