

PAN Number

Current Residential Status

Indian Resident

NRE

Country of residence (If NRE) _____

Payment Method (NEFT Is Mandatory For All Cancellation Requests)

DETAILS REQUIRED FOR DIRECT TRANSFER (Please give the Bank Account details through which you have remitted your Premium / Policy Premium remitted from ECS/ Direct Debit):

Bank Name

Bank Address

Bank Account Holder's Name

Bank Account Number

Account Type Saving Current NRE NRO

Bank Branch NEFT IFSC Code (You can obtain this from your Bank branch)

Bank Branch MICR Code

(If the cheque attached is 'At Par' please attach the first page of the cheque book containing MICR code)

If there is a Bank A/c change and payment needs to be processed to the new A/c then please provide the following: (Tick as applicable)

- Cancelled Cheque of the new Bank A/c (Mandatory)
- Copy of self attested Bank statement of the new A/c for last six months along with originals for physical verification at the branch. (Mandatory)

EXCEPTION TO THE ABOVE: Cheque Dispatch to my Communication Address (as registered in our records):

Applicable only in the following situations (Tick as applicable):

- The customer wants the refund in NRE account and is unable to provide sufficient Bank proof (Bank declaration / Statement) which helps us to establish that all the Premiums paid towards the policy have been remitted through NRE A/c.
- The customer has an account in a Bank which does not provide the NEFT facility.

Note: We will not be responsible in case of non-credit to customer's account or if transaction is delayed or not effected at all for reasons of incomplete / incorrect information of customer's account in the above section. **In case the requisite documents/information is not received the payout will be made vide cheque.**

Declaration & Authorisation

I am aware of the penalty which will be levied on my payout value for the processing of my request & I agree to the terms & conditions stated in this form.

Date:

Signature of 1st Policy Owner / Assignee* / Trustee** : _____ Signature of 2nd Policy Owner* : _____

Declarant's Name* : _____ Declarant's Signature* : _____

Declarant's Address & Contact Number: _____

**In case of signature in vernacular / thumb impression, this declaration should be made by a person of standing whose identity can easily be established but not connected with Aviva Life Insurance Company India Ltd. *A self attested copy of the Photo identity proof of the declarant is required.*

***Please note that Trustee signature will be required if policy is taken under MWPA.*

Documents received For Branch Use Only

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Original Policy Documents <input type="checkbox"/> Recent coloured Photograph <input type="checkbox"/> Self Attested copy of Photo Identity Proof <input type="checkbox"/> Self Attested copy of communication Address Proof <input type="checkbox"/> Cancelled Cheque of NRE A/c <input type="checkbox"/> Duplicate Policy Documents <input type="checkbox"/> Self Attested copy of Bank statement / copy of Bank passbook from which Premium is remitted showing remittance entry <input type="checkbox"/> Others _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Police complaint / FIR <input type="checkbox"/> Indemnity Bond (on ₹100 Stamp Paper) <input type="checkbox"/> Cancelled Cheque of the A/c where NEFT is required <input type="checkbox"/> Self Attested copy of latest six month Bank statement / copy of Pass book of new A/c <input type="checkbox"/> Self Attested copy of Bank statement / copy of Passbook of NRE A/c <input type="checkbox"/> Self Attested copy of latest one year Bank statement / copy of Pass book of new A/c |
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Original Seen & Verified ID Proof Address Proof Bank Statement Other _____ No (Reason) _____

Signature Verified Yes No (Reason) _____

Name of the Branch: _____ Employee Code: _____

Name of the Branch Employee: _____ Signature of the Branch Staff: _____