

From:

To,

The Branch Manager

Branch :

Dear Sir,

Ref

Proposal No./Policy No \_\_\_\_\_  
of Mr./ Ms. \_\_\_\_\_

With reference to the above I request you to do the needful in respect of Sl. No/s \_\_\_\_\_

1. Please admit my age based on SSC Marks Card/Passport/Service Record/Previous Policy No \_\_\_\_\_
2. Please accept my consent for Health Extra/Age Extra/Impairment Extra @Rs. \_\_\_\_\_ per Rs.1000/- S A as per your letter dtd \_\_\_\_\_. The balance amount of Rs. \_\_\_\_\_ is paid vide BOC No. \_\_\_\_\_ Dtd \_\_\_\_\_.
3. I have paid the YLY/HLY/QLY/MLY premium due dtd \_\_\_\_\_ vide your BOC No. \_\_\_\_\_ dtd \_\_\_\_\_ for Rs. \_\_\_\_\_ please issue me a stamped receipt for the same.
4. I authorize Mr./Ms. \_\_\_\_\_ to collect my Policy Bond, who is an Agent/ D.O. of your/ \_\_\_\_\_ Branch.
5. I have not received the Policy Bond. Please arrange to send immediately.
6. Policy Number/ Mode /Premium amount/Term/Table/ \_\_\_\_\_ is mentioned wrongly in the Policy Bond/Premium Reminder Receipt. Please correct it & intimate me.
- 7. Please alter the mode of payment from \_\_\_\_\_ to YLY/HLY/QLY/MLY/SSS.**
- 8. Make note of change in my address as above.**
9. Note the change of Nomination/Appointee as per enclosure.
10. Please note the nomination after re-assignment as per enclosure.
11. I have not been receiving Premium Notices for the past \_\_\_\_\_ months.
12. I request you to change the mode to SSS from YLY/HLY/QLY/MLY. Please find enclosed duly completed authority letter with P.A. Code No. \_\_\_\_\_ of M/s. \_\_\_\_\_. I have already paid the YLY/HLY/QLY/MLY premium due dtd. \_\_\_\_\_ on date \_\_\_\_\_ vide receipt No. \_\_\_\_\_.
13. Please transfer my policy to \_\_\_\_\_ Branch. I have paid the YLY/HLY/QLY/MLY premium due dtd \_\_\_\_\_ on date \_\_\_\_\_.
14. I have lost my above Policy Bond. Please let me know the formalities for issue of a duplicate policy.
15. Kindly issue a Premium Certificate from \_\_\_\_\_ to \_\_\_\_\_ for the purpose of Income Tax.
16. Please let me know the Loan amount/Surrender Value/Discounted Value available under the above policy.
17. Please issue me a quotation for Revival of policy under Ordinary/Special/Loan/Survival Benefits Revival Scheme.
18. Please issue me a discharge form for Survival Benefits/Maturity Claim/Loan Application.
19. Please reimburse the Special Report Medical Fee ( receipt/s enclosed).
20. Please find enclosed the original Policy Bond for doing the needful under Sl. No. \_\_\_\_\_ above.
21. \_\_\_\_\_

Thanking you in anticipating of your early & quick action,

Yours Faithfully'

Signature

Encl: