

5M Self-declaration letter by customer for cheque reprocessing / revalidation / stop payment request



Deed of Indemnity is made at _____ this _____ day of _____ between
Mr./Ms./M/s _____, residing at _____

Barcode

_____ hereinafter referred to as 'the Party of the First Part of the One Part' and ICICI Prudential Life Insurance Co. Ltd. a company registered under the Companies Act, 1956 and having its registered office at ICICI Prulife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025 hereinafter referred to as 'the Company' of the Other Part.

Whereas

1. The Company had issued a cheque for Policy No. _____ towards _____ with following details:

Cheque No : _____ Dated: _____ Issued by : _____

Drawn on : _____ In favor of : _____ For Rupees : _____

2. The Party of the First Part has represented to the company that the said cheque has been lost/misplaced/mutilated

3. The Party of the First Part has applied to the company for the issuance of fresh/duplicate cheque and the Company is agreeable to do so on the following terms:

NOW THIS DEED WITNESSETH that pursuant to the same and in the premises the Party of the First Part hereby agrees to indemnify & keep indemnified the Company against any loss, costs, charges and expenses that the Company may incur by reason of issuing this fresh/duplicate cheque or by reason of the original cheque being at any time found and presented for payment. The Party of the First Part undertakes that in the event of the original cheque being found, the same will be returned to the Company forthwith.

IN WITNESS WHEREOF the Party of the First Part has put his hand the day and year first hereinabove written.

Mr./Ms./M/s _____ Signature _____ Date _____
(Name of the customer) (Signature of the customer)

In the presence of _____ Signature _____ Employee ID _____ Date _____
(Name of the employee) (Signature of employee)

FOR OFFICE USE ONLY:

ER Request submitted by C S CR CS

Spaarc Call ID _____ Date

D	D	M	M	Y	Y	Y	Y
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Scanning Cabinet _____ Received By _____

Remarks _____

STAMP & TIME

ACKNOWLEDGMENT SLIP

This is to acknowledge the receipt of application for payout mode:

Direct Credit Cheque Dispatch

Policy Number

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 Date

D	D	M	M	Y	Y	Y	Y
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Received By

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- Note:
- This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is currently attached.
 - Please save this acknowledgment till the transaction is complete. The application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document.
 - Please contact any of our touch points to know more about any of the Payout Modes mentioned above.

STAMP & TIME

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

Communication Address

ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097.