

13S REQUEST FOR FORECLOSURE REVERSAL

Policy Number

Date

Barcode

Name of the Policyholder

Mr./Ms./Mrs.

First Name

Surname

Contact Nos.

STD

Residence

STD

Office

Ext.

ISD

Mobile

E-Mail ID

All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication)

I hereby request you to revive my policy number which has been foreclosed

DECLARATION:

- I understand that the Company has accepted my request for foreclosure reversal of the above policy purely as a gesture of goodwill.
- I undertake to pay regular premiums and keep the policy in force so that I can continue to enjoy the benefits available under the same.
- I agree and undertake that I will not surrender the above policy at least for a period of one year from the date of this request. Further, I also agree and undertake that I will not assign the above policy for a period of one year to any individual entity.
- I agree and understand that if I submit any request for (i) surrender or (ii) assignment of the policy to any individual entity, within one year from the date of this request then the Company will not be under any obligation to process my request and I shall not hold the company liable for the same.

Place _____

Signature of the Policyholder

For Office Use:

Employee Name: _____ ER Request submitted by C S CR CS

Employee Code:

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For Office Use:

Employee Name: _____ ER Request submitted by C S CR CS

Employee Code: