Chartered Life

Secured Life

(CS FORM-07)

APPLICATION FOR REINSATEMENT FOR RE-DATING

Policy No :

I hereby request that the above quoted policy on my life nay be reinstated under the company's Re-dating plan thereby altering:

a. The date	e of its issue to	:				
b. The date	e of maturity to	:				
c. The premiums payable for full		:	:		years.	
d. The due	dates are under	:				
	ANNUAL		<u>SCHEDULE</u> <u>SEMI-ANNUAL</u>		QUARTERLY	
Reg. Life	Tk.	Tk.	<u>JEMI-ANIOAE</u>	Tk.	GOARTERET	
	Tk.	Tk.		Tk.		
	Tk.	Tk.		Tk.		
	Tk.	Tk.		Tk.		
	Tk.	Tk.		Tk.		
Total Tk						
Due Dates						
The other	terms and conditions	of the policy	to remain unaltered.			
Name & Signature of FA/Above/ Medical Examiner with SEAL and ID No.				Full Name	Full Name & Signature of the Applicant	
Signed at Day		ıy	Month	Year		

For Head Office Use Only:

Verified & Processed By

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