

Surrender Application Form

		Date:	
Policy No:	Owner Name:		
Surrender Value, please write amount (TK):			
Please select any of the method of payment. Electronic Fund Transfer (EFT, Preferred) Please provide your bank details (In Capital English Letter) 			
A/C Number:		Routing Number:	
A/C Name: —		Bank Name:	

I hereby apply for the payment of Net Surrender Value under the terms and conditions of the above policy after deducting any surrender charges & indebtedness to Chartered Life Insurance Company Limited. The policy document and other relevant papers are submitted herewith. It is agreed that such payment shall constitute full and final settlement of all claims under above policy and I am aware of the surrender value that.

Signature of Policy Owner

Sign & Seal of FA or above

Sign & Seal of BM or above

Cell number of Policy Owner

Cell number of FA or above

Cell number of BM or above

Please submit the following documents with this form:

- 01. Original Policy Document.
- 02. Photocopy of any Bank MICR Cheque leaf of the account cheque book.
- 03. Photocopy of NID/Passport/Driving License (Attested).

.._.._..

For Head Office Use Only.

Record Verified & Processed By

....