

Surrender Application Form

Policy No: _____

Date of Application: _____

Surrender Value (Tk) : _____

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.

Please select any of the method of payment.

Electronic Fund Transfer (EFT, Preferred)

Account Payee Instrument (Cheque)

Please provide your bank details (In Capital English Letter)

Name of the Bank A/C holder : _____

Bank A/C Number : _____

Routing Code (In Case of EFT) :

--	--	--	--	--	--	--	--	--

Bank Name : _____

Branch : _____

Bank Address : _____

Revenue
Stamp
Tk. 10.00

Name & Signature of FA

Name & Signature of
BM

Signature of the Policy Owner

Address of Witness

Address of the Policy Owner

Cell Number of Witness

Cell Number of the Policy Owner

Please submit the following documents with this form :

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