

## **ORDER FORM**

To : Softlogic Life Insurance																												
I kindly request to arrange	the	foll	ow	ing/	for	m	y be	elo	w p	ool	icy	/po	lic	ies;														
01.Name																												
02.Policy Number/s																												
03.Mobile number													Te	leph	one	N	0		Ī									
04. E-Mail Address								Ī																				
05. Alterations:																												
a.)Address change e.)Nominee change/inclusion																												
b.)Name correction								0																				
c.)Age admission						Ī			g.)Change of policy						cv t	term												
d.)NIC number correction						Ī			6.7 Change of policy term																			
06.Refunds:																												
a.)Policy surrender/Relief cancellation c.)Excess/Dep						osit	it refund																					
b.)Policy paid up																												
07.Other:																												
a.)Embassy letter	Embassy letter g.)Benefit summary								ry																			
b.)Tax letter	,						ý le																					
c.)Lost policy									,																			
d.)Change of signature								e c	ert	ific	ate																	
e.)Policy cancellations																												
f.)Power of attorney						I.)Premium summary letter																						
Instructions : (Kindly indicate item number eg: 05.a - Address change)																												
Instructions : (Kindly Indica		em i	nun	nbe 	r eş	g: U	5.a	- /	4aa	res	SS C	cna 	nge	e) 							••••							
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Signature							•	••••	•••••	D	ate	·····	••••	••							(Fo					Oı	nly)	
Note 1: Please attach all suppor	rtive (	docu	ımeı	nts t	орі	осе	ss y	oui	r req	ues	st.								Ī									
Name Correction																												
I (as mentioned in section 1	ahr	ove)	, be	eari	ng N	VIC	no												, ha	old	ing	the	Life	e In	sura	ance	e P	olicv
bearing (as mentioned in se					_																_							
Insurance PLC stating as										•																	_	
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I hereby declare that the p	erso	n id	ent	ifec	d by	all	tho	se	nai	me	es a	ıre	ref	erre	d to	ide	entif	y m	iys	elf	an	d no	ot a	nyo	ne	else		
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Please affix stamp/s worth of Rupees 50/-

Signature Charige		
Previous Signature	Present Signature	
I hereby certify that the above signatures	were placed before me by the person mentioned i	in page 1, section 1 residing at
on this	sday of20	·····
		*Certified by
Signature *Need to be certified by a Manager/JP/Gram	Date	Certified by
Policy Surrender/Relief Cancellatio		
•	ng the Proposer/Life Assured under the Life policy be	paring (as montioned in page 1, section 3
. 0	Softlogic Life Insurance PLC, the sum of Rs	
0	only) under surrender/cancellation in full satisfact	tion and discharge of all my claims and
demands whatsoever with respect to the /cancellation value of this policy.	ne above policy and accept the said payment in	full and as final settlement of surrende
Total Surrender/Cancellation Valuess	ie :	
Total Loan Outstanding	:	
Net Amount Payable	:	
Payment Details		
Bank : Branch :		
Account No. :		
		Stamp worth Rs.25/- if the
		amount is Rs.25,000/ or
Date	Signature	above
•	) applicable for the period of discharge date to actual settlem ng stated above will increase after accumulating for any add	
	rtificate and the date of surrender of the policy.	inional interest charge, applicable for the perior
	Check List	
Alterations	Refunds	
a.)Name correction	, and the second	der/Relief cancellation
Certified copy of NIC/Birth Certific b.)NIC number correction		·
Certified copy of NIC	Certified copy (if the age is n	·
c.)Age admission	Bonus certific	
Certified copy of NIC/Birth Certifica		,
	, · · · ·	y of NIC/Birth Certificate
	(if the age is no	ot admitted)
	Other	
	a.)Policy cance	
	Original polic b.)Power of Atto	,
		y of Power of Attorney/
	Power of Atto	