

ORDER FORM

To : Softlogic Life Insurance PLC				
I kindly request to arrange the following for	or my below policy/po	olicies;		
01.Name				
02.Policy Number/s 03.Mobile number 04. E-Mail Address		Telephone No		
05. Alterations:				
a.)Address change b.)Name correction c.)Age admission d.)NIC number correction		e.)Nominee chang f.)Mode change g.)Change of polic		
06.Refunds:				
a.)Policy surrender/Relief cancellation b.)Policy paid up	c.)Excess/Deposit refund			
07.Other:				
a.)Embassy letter b.)Tax letter c.)Lost policy d.)Change of signature e.)Policy cancellations f.)Power of attorney		g.)Benefit summary h.)Bonus summary letters i.)Complaints j.)Surrender value certificate k.)Loss of AAA+ card l.)Premium summary letter		
Instructions: (Kindly indicate item number e	eg: 05.a - Address cha			
Signature	Date		Certified by (For Office Use Only)	
Note 1: Please attach all supportive documents to p	process your request .			
Name Correction				
I (as mentioned in section 1 above), bearing bearing (as mentioned in section 2 above), or Insurance PLC stating as	declare that my name	mentioned in the doc	uments submitted to Softlogic Life	
		and in my	birth certificate, it is indicated asTherefore	
I hereby declare that the person identifed b	oy all those names are	referred to identify m	yself and not anyone else.	

Please affix stamp/s worth of Rupees 50/-

Jighature Change				
Previous Signature	Present Signa	ature		
I hereby certify that the above signatures were pla	iced before me by the	e person mentioned in pag	ge 1, section 1 residing at	• • • • • • • • • • • • • • • • • • • •
on this	day of	20		••••••
Signature	 Date		*Certified by	′
*Need to be certified by a Manager/JP/Grama Sevaka				
Policy Surrender/Relief Cancellation-Disch	narge			
demands whatsoever with respect to the above	c Life Insurance PLC er surrender/cancella	c, the sum of Rs	and discharge of all my o	claims and
/cancellation value of this policy.				
Total Surrender/Cancellation Value	:			
Less Total Loan Outstanding Net Amount Payable	:			
Payment Details				
Bank :				
Branch : Account No. :				
			Stamp worth Rs.25	/- if the
			amount is Rs.25,0	
Date	Signature		above	
Note 3:For Cancellations, "Risk Premium" (if any) applicable Note 4:For Surrenders, the total loan outstanding stated all between the date of issue of the discharge certificate ar	bove will increase after ac	ccumulating for any additional		
	Check List			
Alterations		Refunds		
a.)Name correction		a.)Policy surrender/Re	elief cancellation	
Certified copy of NIC/Birth Certificate b.)NIC number correction		Original policy document Certified copy of NIC (if the age is not admitted)		
Certified copy of NIC				
c.)Age admission		Bonus certificates if any		
Certified copy of NIC/Birth Certificate	b.)Policy paid up		VIC/Birth Certificate	
		(if the age is not adı	mitted)	
		Other a.)Policy cancellation Original policy do		
Softlogic Life Insurance PLC is a licensed life insurer by the Insurance Regulatory Commission of Sri Lanka.		b.)Power of Attorney Certified copy of P Power of Attorney		