FREE LOOK / PRE - ISSUANCE CANCELLATION FORM

Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No. : 147 | CIN: U66010MH2009PLC197336
Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Policy No.: E Date: D D M M Y Y Y Y

Name of the Policy Holder: ______ Tel. No.: ______

Address: ______

______ Pin Code: ______

Pan Card No. Aadhaar Card No.

(In case annual premium is greater than or equal to ₹ 1 Lac)

Please provide bank details for Direct transfer into account

Bank Name:

Bank Account Holder's Name:

Bank Account Number:

11 Digit IFSC Code: (You can get this code from your bank or your cheque)

** Edelweiss Tokio Life Insurance will not be responsible in case of non credit to your account or if transaction is delayed or not effected due to incomplete/incorrect information provided. In such a circumstances the payout will be made by cheque.*

TAX RESIDENCE DECLARATION : (tick any one, as applicable to you) If the Policy holder is a Tax Resident of a country other than India, then the FATCA / CRS Form should be submitted.

☐ I am a tax resident of India and not of any other country OR ☐ I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*

* If you are tax resident of another country then please fill in the FATCA/CRS form annexed

☐ Free Look

I would want to exercise the Free Look option under the policy mentioned above.

I am returning the original policy document to enable you to consider this request & refund the amount after deducting the applicable charges as mention in the free look cancellation clause of policy document.

Reason for Free Look: ☐ Not satisfied with product features ☐ Other reasons

☐ Pre - Issuance Cancellation

I would want to cancel the proposal mentioned above.

Reason for Pre-Issuance Cancellation: ______

Discharge Receipt

I hereby agree to accept the payout amount and declare that I understand and agree to all the conditions and information given in this form.

For Branch Office Use

Branch Name: ______

Staff Name: ______

Staff Sign: ______

Date: ______ Time: ______ a.m./p.m.

Place: ______

Please affix Re. 1 revenue stamp

Signature of the Policy Holder
(Affix Stamp & Sign across the stamp)

Date: D D M M Y Y Y Y Place: ______

Jun_2017/Ver 5

Acknowledgement Slip

Received a request for ______ for policy no.: ______ on D D M M Y Y Y Y at ____ a.m./p.m.

Corporate Office:
Edelweiss Tokio Life Insurance Company Limited
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Kirol Road, Kurla (W), Mumbai 400070
Toll Free : 1800 212 1212 | Fax No.: +91 22 6117 7833
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Stamp/ Seal of the Branch