## FREE LOOK / PRE - ISSUANCE CANCELLATION FORM



			Date: D D	MM	YYY
Name of the Policy Holder:			Tel. No.:		
Address:					
				in Codo	
			F	III coue	
Pan Card No (In case annual premium is greater than or equal to ₹ 1 Lac)	Aadhaar Card	No.			
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 g	get this code from	your bank or your	cheque)		
* Edelweiss Tokio Life Insurance will not be responsible in case of n incomplete/incorrect information provided. In such a circumstance	on credit to your s the payout will	account or if tran be made by chequ	saction is delayed le.	d or not effec	ted due to
TAX RESIDENCE DECLARATION : (tick any one, as applicable to you) If the P	olicy holder is a Tax Res	dent of a country other th	an India, then the FATC	CA / CRS Form sho	ould be submitted.
I am a tax resident of India and not of any other country	OR		ident of country/ie		ndia mentione
* If you are tax resident of another country then please fill in the FATCA/CF	S form annexed	separately	n FATCA / CRS Ann	exure*	
Free Look					
I am returning the original policy document to enable you to consider mention in the free look cancellation clause of policy document. Reason for Free Look: Not satisfied with product features	der this request &		nt after deductir	ng the applica	able charges
Pre - Issuance Cancellation					
I would want to cancel the proposal mentioned above.					
I would want to cancel the proposal mentioned above. Reason for Pre-Issuance Cancellation:					
Reason for Pre-Issuance Cancellation:					
				ation given in	this form.
Reason for Pre-Issuance Cancellation: Discharge Receipt				ation given in	this form.
Reason for Pre-Issuance Cancellation: Discharge Receipt I hereby agree to accept the payout amount and declare that I und			ions and informa	ase	this form.
Reason for Pre-Issuance Cancellation: Discharge Receipt I hereby agree to accept the payout amount and declare that I unc For Branch Office Use			ions and informa Ple affix reve	ase Re. 1 enue	this form.
Reason for Pre-Issuance Cancellation:         Discharge Receipt         I hereby agree to accept the payout amount and declare that I unc         For Branch Office Use         Branch Name:			ions and informa Ple affix reve sta	ase Re. 1 enue mp	
Reason for Pre-Issuance Cancellation:         Discharge Receipt         I hereby agree to accept the payout amount and declare that I und         For Branch Office Use         Branch Name:         Staff Name:         Staff Sign:         Date:       Time:         a.m./p.m.		e to all the condit	ions and informa Ple affix reve sta Signature of th	ase Re. 1 enue mp e Policy Hold	der
Reason for Pre-Issuance Cancellation:         Discharge Receipt         I hereby agree to accept the payout amount and declare that I und         For Branch Office Use         Branch Name:         Staff Name:         Staff Sign:         Date:      a.m./p.m.         Place:		e to all the condit	ions and informa Ple affix reve sta Signature of th ffix Stamp & Sign	ase Re. 1 enue mp e Policy Holo n across the s	der stamp)
Reason for Pre-Issuance Cancellation:         Discharge Receipt         I hereby agree to accept the payout amount and declare that I und         For Branch Office Use         Branch Name:         Staff Name:         Staff Sign:         Date:      a.m./p.m.         Place:	lerstand and agre	e to all the condit	ions and informa Ple affix reve sta Signature of th ffix Stamp & Sign	ase Re. 1 enue mp e Policy Hold	der stamp)



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