

Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

Pan Card No. <input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/> (In case annual premium is greater than or equal to ₹ 1 Lac)	Aadhaar Card No. <input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/>
Please provide bank details for Direct transfer into account	
Bank Name: <input style="width: 900px; height: 25px; border: 1px solid black;" type="text"/>	
Bank Account Holder's Name: <input style="width: 900px; height: 25px; border: 1px solid black;" type="text"/>	
Bank Account Number: <input style="width: 200px; height: 25px; border: 1px solid black;" type="text"/>	
11 Digit IFSC Code: <input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/> (You can get this code from your bank or your cheque)	
<i>* 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.</i>	

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.

<input style="width: 25px; height: 25px; border: 1px solid black;" type="checkbox"/> I am a tax resident of India and not of any other country	OR	<input style="width: 25px; height: 25px; border: 1px solid black;" type="checkbox"/> I am tax resident of country/ies other than India mentioned separately in FATCA / CRS Annexure*
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* If you are tax resident of another country then please fill in the FATCA/CRS form annexed

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: _____

Received a request for _____ for policy no.: _____ on

D	D
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M	M
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Y	Y	Y	Y
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 at _____ a.m./p.m.



Corporate Office:
Edelweiss Tokio Life Insurance Company Limited
 4th Floor, Tower 3, Wing 'B', Kohinoor City,
 Kirol Road, Kurla (W), Mumbai 400070
 Toll Free : 1800 212 1212 | Fax No.: +91 22 6117 7833
 Email: care@edelweisstokio.in | www.edelweisstokio.in

Stamp/ Seal of the Branch