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: DD MM YYYY
Name of the Policy Holder:	Tel. No.:
.ddress:	
	Pin Code:
	6546.
an Card No. Aadhaar n case annual premium is greater than or equal to ₹ 1 Lac)	Card No.
lease provide bank details for Direct transfer into account	
ank Name:	
ank Account Holder's Name:	
ank Account Number:	
1 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 complete/incorrect information provided. In such a circumstances the payout	
AX RESIDENCE DECLARATION: (tick any one, as applicable to you) If the Policy holder is a 7	ax 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
If you are tax resident of another country then please fill in the FATCA/CRS form annex	separately in FATCA / CRS Annexure*
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Toll Free : 1800 212 1212 | Fax No.: +91 22 7100 4133 Stamp/ Seal of the Branch $Email: \underline{care@edelweisstokio.in} \mid www.edelweisstokio.in$