

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

Pan Card No. <input type="text"/>	Aadhaar Card No. <input type="text"/>
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(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.

<input type="checkbox"/> I am a tax resident of India and not of any other country	OR	<input 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*

<input type="checkbox"/> Pre - Issuance Cancellation
<p>I would want to cancel the proposal mentioned above.</p> <p>Reason for Pre-Issuance Cancellation: _____</p>

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: _____		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Please affix Re. 1 revenue stamp </div> <div style="text-align: center; margin-top: 10px;"> Signature of the Policy Holder (Affix Stamp & Sign across the stamp) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Date: <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">D</div> </div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">M</div> </div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;">Y</div> </div> </div> <div style="margin-top: 10px;">Place: _____</div> </div>	

Jun 2017/Ver 5

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 7100 4133
 Email: care@edelweisstokio.in | www.edelweisstokio.in

Stamp/ Seal of the Branch