



भारतीय जीवन बीमा निगम  
Life Insurance Corporation of India

\_\_\_\_\_ DIVISIONAL OFFICE

**FORM OF RECEIPT FOR THE SURRENDER VALUE OF POLICY NO.**

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On the Life of \_\_\_\_\_

For Rs. \_\_\_\_\_ dated \_\_\_\_\_

I/We hereby declare that I/We have not served on any Office of the Life Insurance Corporation of India any Notice of assignment or reassignment in respect of the above **POLICY/ POLICIES** except those, if any already Registered by the Life Insurance Corporation of India or the Insurer who issued the above **POLICY/POLICIES** nor Shall I/We serve on any office of the said Corporation, any notice of assignment or reassignment before payment of the Loan Value/ Surrender Value or Survival benefit due on \_\_\_\_\_ I have not dealt with the Policy in any other way.

I/We \_\_\_\_\_

do hereby acknowledge receipt from the Life Insurance Corporation of India of the sum of Rupees \* \_\_\_\_\_ being the

Surrender Value including Cash Value of Bonus and premiums refundable on account of occupation extra and / or DAB/EPDB extra of the above Mentioned Policy, which is herewith delivered up to the said Corporation to be cancelled. In witness whereof these presents are subscribed by me/us.

at \_\_\_\_\_ on \_\_\_\_\_  
Name of the place

the \_\_\_\_\_ day of \_\_\_\_\_ 2000  
Date Month

SURRENDER VALUE (Inclusive of Cash Value of Bonus ) Rs. \_\_\_\_\_

Premium refundable on account of occupation extra Rs. \_\_\_\_\_

Premium refundable on account of D.A.B. / EPDB extra Rs. \_\_\_\_\_

Less :

Loan Rs. \_\_\_\_\_

Interest Rs. \_\_\_\_\_

APL Debt Rs. \_\_\_\_\_

Other Charges (to be specified ) Rs. \_\_\_\_\_

Rs. \_\_\_\_\_

Rs. \_\_\_\_\_

ENGLISH-KNOWING WITNESS :

Signature : \_\_\_\_\_

Full Name : \_\_\_\_\_



One Rupee  
Revenue  
Stamp  
When  
amount  
exceeds Rs.  
500/-

(of the witness)

Occupation : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

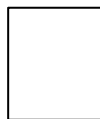
Signature      In Short    in      English  
                         Full                      Vernacular

\* Gross amount of Surrender Value

\* Delete where not applicable

Note : Illiterate persons must affix their thumb marks which should be identified by the attesting Magistrate under the seal of his office, or a Block Development Officer or a Gazetted Officer or a Principal/Headmaster of Local High School or Higher Secondary School run by the Government or an Agent of a Nationalised Bank or Class I Officer of the Corporation or a Development Officer of the Corporation with atleast Five Years' Service provided he/she is fully satisfied about the identify of the person(s) executing the form. Signature in Regional Languages must be attested by respectable English-knowing persons. The witness attesting such Signatures/thumb marks should sign the declaration below :-

"The contents of this discharge form have been explained to \_\_\_\_\_  
\_\_\_\_\_ and he/she/they have/has signed the same/put thumb impression after fully understanding the same.



SEAL OF OFFICE  
IF ANY

\_\_\_\_\_  
Signature of the Witness

If the Receipt is signed by more than one person and payment is desired to be made to only one of their number, then a letter of Authority as under must be completed and signed by all of them except the authorised person before Magistrate or a Block Development Officer or Gazetted Officer or a Principal/Head Master of Local High School or Higher Secondary School run by the Government or an Agent of a Nationalised Bank or a Class I Officer of the Corporation or a Development Officer of atleast 3 years' standing or confirmed Dev. Officer recruited from Agents who were D.M.'s or B.M.'s Club Members before joining provided he/she is fully satisfied about the identity of the executants. The Letter of Authority will also be required if payment is to be made to any person other than the parties signing the Receipt.

Place \_\_\_\_\_

Date \_\_\_\_\_

I/We hereby authorise and request Life Insurance Corporation of India to pay the above mentioned amount of Rs. \_\_\_\_\_  
to \_\_\_\_\_  
(Name of the authorised person)

Signed by the party or parties  
Within-mentioned in the presence of :

\_\_\_\_\_  
Signature/s in full

\_\_\_\_\_  
Magistrate or a Block Development Officer or a Gazetted Officer etc.

?? I hereby certify that the contents of this note of Authority were explained by me in vernacular to

\_\_\_\_\_  
\_\_\_\_\_

and he/she has agreed to payment being made to \_\_\_\_\_

They have

\_\_\_\_\_ the party or parties authorised.

Magistrate or a Block Development Officer or a Gazetted Officer etc.

\_\_\_\_\_  
?? This endorsement is required to be completed and signed by the attesting Magistrate, or a Block Development Officer or a Gazetted Officer etc. when the Note of Authority is completed by an illiterate or Vernacular knowing person.