

CLAIM FORM FOR MATURITY VALUE OF POSTAL/ RURAL POSTAL LIFE INSURANCE POLICY

(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./ Mrs./ Ms.) I First Name I Middle Name I Last Name I																																
First Name								Middle Name											Lá	Last Name												
2. Occupation			•									•				•	•		•			•						•				
3. Communicat	ion Ad	dres	ss																													
Village	++	-														Ta	uka	ı												-		
City																	trict								DIN							
State										<u> </u>		1				COL	ıntry	У							PIN				<u> </u>	<u> </u>	<u> </u>	
4. Particulars	of Poli	icy																														
i. Policy No.																					I								T	Т		
ii. Sum Assured	1							iii	i. Da	ate (of Δ	cce	nts	nce	,						i	V D	ata a	f Sur	vival	Rone	ofit D	ιο / Λ	EA D	olicy)		
₹	<u>.</u>			/	1	-		Ϊ		1	/		Pic	/								1	alc 0	/	vival	Denic	/	100 (74	T	Jiley)	1	
v. Date of Matu	rity /]												•													-	
5. (i) Designation	n and	Add	ires	s o	f Dı	rawi	ng a	and	l Dis	bur	sin	g O	ffic	er d	uriı	ng la	ast s	six I	mor	nths	3											
Village	\pm															Та	uka	ı														
City State	++																trict	_							PIN				<u> </u>			
i. Name of the Post Office where premia were paid during last six months.																																
a)																																
d)										e)															f)							
6. Name of the	6. Name of the Post Office (if it is Sub Office, write the name of Head Office as well) at which the payment is desired.																															
i. Name of Sub	Post C	Office	е		1	1		ı	1 1					ı			1 1		ı	ı	1	ı	ı			- 1	- 1		_	_		
ii Nama of Had	d Doot	Off	ioo			<u> </u>		<u> </u>													<u> </u>		<u> </u>									
ii. Name of Hea	u Posi	Oil	ice																										I			
7. For paymen	t throu	ah c	hec	nue	ple	ease	e pr	ovi	de fo	ollo	win	a in	fon	mati	on	abo	out v	/OU	r Po	ost	Offi	ce/F	Banl	c ac	COU	nt·-						
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i. Account No.	<u> </u>					<u> </u>		<u> </u>															<u> </u>									
ii. Name of Pos	t Office	e/ Ba	ank																													
iii. Branch Nam	e:																												I	Ι		
Documents attached:																																
(b) Loan Repay (c) Premium Re (d) Certificate of	(a) Policy document. (b) Loan Repayment Receipt Book if Ioan was taken. (c) Premium Receipt Book (d) Certificate of Pay Disbursing Officer regarding recovery of premia from pay for the last six months. (e) Any other document																															
Date:																						Signature of Insurant Name: Phone no.:										

Phone no.: Office: Residence: Mobile no.: