

FREE LOOK / PRE - ISSUANCE CANCELLATION FORM



Insurance se badhkar hai **aapki zaroorat**

Edelweiss Tokio Life Insurance Company Limited

IRDAI Regn. No. : 147 | Corporate Identity Number: U66010MH2009PLC197336

Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai 400098

Policy No.:	<input type="text"/>	E	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the Policy Holder:							Tel. No.:		
Address:									
									Pin Code:

Pan Card number (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.*

☐ **Free Look**

I would want to exercise the Free Look option under the policy mentioned above.

I am returning the original policy document to enable you to consider this request & refund the amount after deducting the applicable charges as mention in the free look cancellation clause of policy document.

Reason for Free Look:

☐ **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.

<p>For Branch Office Use</p> <p>Branch Name: <input type="text"/></p> <p>Staff Name: <input type="text"/></p> <p>Staff Sign: <input type="text"/></p> <p>Date: <input type="text"/> Time: <input type="text"/> a.m./p.m.</p> <p>Place: <input type="text"/></p>	<p>Please affix Re. 1 revenue stamp</p> <p>Signature of the Policy Holder (Affix Stamp & Sign across the stamp)</p> <p>Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Place: <input type="text"/></p>
--	--

Feb_2016/Ver 4

Acknowledgement Slip

Received a request for for policy no.: on at a.m./p.m.



Corporate Office:
Edelweiss Tokio Life Insurance Co. Ltd.
 3rd & 4th Floor, Tower 3, Wing 'B', Kohinoor City Mall,
 Kohinoor City, Kiroli Road, Kurla (W), Mumbai 400070.
 Tel.No.: +91 22 4088 6015 | Fax No.: +91 22 7100 4133
 www.edelweisstokio.in

Stamp/ Seal of the Branch