

To,
The Branch Manager, L.I.C. of India,

From,

Date : _____

Dear Sir / Madam,

Sub : Proposal / Policy No. _____ **of Mr./Mrs.** _____

With reference to the above I request you to arrange compliance as per following Serial No/s. _____

1. Please admit my age in Proposal / Policy No. _____ (The relevant proof is enclosed).
2. Please revive my policy under special / ordinary / Loan cum revival or S.B. cum revival scheme.
3. I have lost my polidylease convey the formalities which I have to comply. (S.B./ Maturity due _____)
4. I have not received the Policy Bond. Please arrange to send immediately.
5. Please make a change in my address as per the details given above.
6. Please let me know the Loan / Surrender / Discount Me available under the above policy.
7. I authorise Mr / Mrs. _____ to collect my Policy Bond, Loan / Maturity / S.B. Cheque, who is an Agent / D.O. of your / _____ Branch.
8. Please issue a premium paid certificate for the financial year _____ for Income Tax purpose.
9. Please transfer my policy record to Branch _____
I have paid the Yly / Hly / Qly / Mly premium due dated : _____
10. I have assigned the above policy in favour of _____ please register the same.
11. The reassignment has been done in my favour. Please register the fresh nomination as per enclosure.
12. Please reimburse the Medical Fee paid by me (receipt/s enclosed).
13. I became major & wish to secure DAB. Please register the fresh nomination as per enclosure.
14. Please alter the mode of payment from Yly / Hly / Qly / Mly / SSS to _____
15. Policy No./ Mode / Premium / Plan Term / Birth Date / _____
is mentioned wrongly in the Policy Bond / Premium Receipt. Please correct it and intimate me.
16. Please switch over fund of my policy from _____ fund to _____ fund.
17. Please accept my consent for Health / N.S.A. / Occupational Age / Impairment Extra is enclosed. The balance amount has been deposited vide B.O.C. no. _____ Dated _____
18. Please refund outstanding / Proposal deposit. B.O.C. No. _____ Dated _____
19. M./Mrs. _____ Expired on dt. _____. Please send necessary claim forms.
20. Note the change of Nomination Appointee as per enclosure.
21. Please acknowledge the specimen signature's 1) _____ 2) _____ 3) _____

Attested by :

22. _____

Thanking you in anticipation of doing needful and acknowledge the receipt of the letter & enclosures.

Yours Faithfully,

End.: _____

Signature

ACKNOWLEDGEMENT

Received a letter dated _____ from Mr. / Mrs. _____ towards
policy no. _____ with respect to point no. _____ along with documents & form No. _____
