



भारतीय जीवन बीमा निगम, मण्डल कार्यालय-1, नई दिल्ली
L.I.C. OF INDIA, DIVISIONAL OFFICE-1, NEW DELHI

(जीवन बीमा निगम, अधिनियम, 1956 द्वारा संस्थापित)
(Established by the Life Insurance Corporation Act., 1956)

सूचना सं.
INT. NO.

विमुक्ति
Discharge of
बीमेदार
Life of
मैं/हम
I/We

पॉलिसी सं.
Policy No.

दिनांक
Dt.

के जीवन पर विद्यमानता हितलाम/परिपक्व/देय तिथि
SB/maturity / due on

बीमेदार / अभ्यर्थी / न्यासी
the Life assured/assignee (s)/Trustee
एतद्वारा
do hereby

भारतीय जीवन बीमा निगम से सकल दावों के रूप में प्राप्ति स्वीकार करता हूँ / करते हैं
acknowledge receipt from the Life Insurance Corporation of India For the sum of
रुपये
Rupees

जो उपरोक्त पॉलिसी के अंतर्गत संविदा की शर्तों के अनुसार निम्न भुगतानों के संबंधों में मेरे / हमारे दावों
the gross amount of claim, in full satisfaction of all my/our claims and demands in respect of the
एवं मागों की पूर्ण तुष्टी है
following payments under the above policy in terms of the policy contract.

"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/IES except those, if any, already registered by the Life Insurance Corporation of India of the Insurer who issued the above POLICY/IES nor shall I/We serve on any office of the said Corporation any notice of assignment or reassignment before payment of the survival benefit/Maturity claim under the policy due on

I/We have not Dealt with Policy in any other way

एतद्वारा पॉलिसी उक्त निगम को निरस्त/पंचंकन हेतु भेजी जाती है

Policy is hereby delivered to the said Corporation for cancellation/endorsement.

दिनांक स्थान

दिनांक
this

माह
day of

20
20

Dated at :

हस्ताक्षरित श्री/श्रीमती

Signed by Shri/Smt. + _____

की उपस्थिति में

In the presence of _____

साक्षी का हस्ताक्षर

Signature of witness _____

साक्षी का विवरण

Particulars of witness _____

पूरा नाम

Full Name _____

पद

Designation _____

पता

Address _____

राजस्व टिकट
Revenue
Stamp of
Re. 1.00

(दावेदार/दावेदारों के पूरे और संक्षेप में हस्ताक्षर

अंग्रेजी/प्रादेशिक भाषा में)

(Signature of the claimant/s

full & short in English/vernacular)

पता, Address _____

दूरभाष/Phone _____

Cheque, if Payment is desired by M.O. or a Demand draft, it can be made at the claimant's cost and at his/her risk and responsibility, on his/her signing to the following note of request.

I/We hereby request the Corporation to pay the the aforesaid amount by M.O./Demand Draft on the _____ Bank _____ at my/our risk and responsibility. I/we further agree to M.O. Commission/Bank charges being deducted from the claim amount.

(Signature of the Claimants)

- * (2) This discharge must be signed by the Life Assured and witnessed by a credible person who is conversant with the language of this form and knows the life assured.
- + (3) If more than one person have signed the discharge form, the name of all the persons should be stated.
- (4) Illiterate claimants must affix their thumb impression which should be attested by a magistrate or Special Executive magistrate or a Gazetted Officer, or a Block Development Officer, or a Class 1 Officer of L.I.C. or a Development Officer of the L.I.C. with at least five years service. The attesting witness must make the following declaration under his/her Signature. "Shri/Smt. son/ daughter of Shri and wife/widow of Shri has affixed his/her thumb impression in my presence after understanding the contents hereof."

(5) Since our records do not show that the final premium due on under the policy has been paid, we have proceeded on the assumption that it remains unpaid and have calculated the claim amount on that basis. If, however, the said premium has already been paid the amount thereof will be refunded along with the claim amount. To enable us to trace the payment of premium if already made, please inform us the name of the office or Bank where it was paid and the date and number of the deposit receipt issued thereof.

(6) Signature/s of the claimant's other than Life Assured should be attested by one of the officials as mentioned in Note No. (4).

If the within written discharge is signed by more than one person and payments is desired to be made to only one of them, then the following Note of Authority must be completed and signed by all of them before a Magistrate, or a Special Executive Magistrate, or a Gazetted Officer, or a Block Development Officer, or a Class 1 Officer of the Corporation, or a Development Officer of the Corporation with atleast five years service, provided he is fully satisfied about the identity of the executants -

Place Date स्थान दिनांक

मैं/हम एतद्द्वारा भारतीय जीवन बीमा निगम को प्रभिक्षित करते हैं और अनुवेद करता है कि वह अन्तर्लिखित राशि रु. श्री/श्रीमती को अदा करे।

I/We here by authorise and request the L.I.C. of India to pay the within mentioned amount of Rs. to Shri/Smt.

की उपस्थिति में अन्तर्लिखित पार्टियों द्वारा हस्ताक्षरित

Signed by the parties within mentioned in the presence of

Witness : _____

हस्ताक्षर

Signature : _____

पूरा नाम

Full Name : _____

पद

Designation : _____

पता

Address : _____

मैं प्रमाणित करता हूँ कि यह प्रधिकार पत्र मझे श्री/श्रीमती को समझा दिया था और वह/वे प्रधिकृत पार्टी श्री/श्रीमती को भुगतान करने के पक्ष में सहमत हैं। I certify that the contents of this Note of Authority were explained by me to Shri/Smt. and he/she/they have agreed to payment being made to Shri/Smt. the authorised party.

(साक्षी का हस्ताक्षर)
(Signature of the Witness) as per note (4)

NEFT MANDATE FORM

- (1) Name of policy holder/claimant : _____
- (2) Bank Name : _____
- (3) Bank Branch Address : _____
- (4) Account Type : Saving/Current/Cash Credit/NRI _____
- (5) Account No. :
- (Bank account number should be written from left to right)
- (6) MICR No. :
- (7) IFSC Code :
- (8) Mobile Number : + 9 1
- (9) E-mail Id : _____