

## भारतीय जीवन बीमा निगम, मण्डल कार्यालय-III, नई दिल्ली Form No. 5180/3825 (Mty./SB)

## L.I.C. OF INDIA, DIVISIONAL OFFICE - III, NEW DELHI

(जीवन बीमा निगम अधिनियम, 1956 द्वारा संस्थापित) (Established by the Life Insurance Corporation Act 1956) INT. No.

विमुक्ति Discharge of बीमेदार Life of मैं / हम I/We पॉलिसी सं. दिनांक Policy No. dt. के जीवन पर विद्यमानता हितलाभ / परिपक्व / देय तिथि SB/maturing/due on

> बीमेदार / अभ्यार्थी / न्यासी the Life assured/assignment(s)/Trustee एतद्द्वारा do hereby

भारतीय जीवन बीमा निगम से सकल दावे के रुप में प्राप्ति स्वीकार करता हूँ / करते हैं acknowledge receipt from the Life Insurance Corporation of India of the sum of रुपये (शब्दों में)

Rupees (in words)

Designation

Address मोबाइल

पता

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 or all my/our claims and demands in respect of the एवं मांगों की पूर्ण तृष्टी है.

following payments under the above policy in terms of the policy contract.

We hereby declare that I/We have net assigned the move Life Insurance Policy to any one nor have VI/Ve tealt with the same in any manner, expect for assignment already registered as on date of the insurance Corporation of India or the insurance Corporation of India or the insurance Corporation (I/We hereby further declare that I/We is served on any office of the Life Insurance Corporation of India any other or further notice of assignment in respect of the above policy and I/We serve on any office of the said corporation of loan/surrender value/survival benefit.

एतदद्वारा पालिसी उक्त निगम को निरस्त/पृष्ठांकन हेतू भेजी जाती है,

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

दिनांक स्थान दिनांक
Dated at this
हस्ताक्षारित श्री / श्रीमती
Signed by Shri/Smt.
की उपस्थिति में
in the presence of
साक्षी के हस्ताक्षर
Signature of witness
साक्षी का विवरण
Particulars of witness
पूरा नाम
Full Name
पद

माह day of

20

राजस्व टिकट Revenue Stamp of Rs. 1.00

(दावेदार/दावेदारों के पूरे और संक्षेप में हस्ताक्षर अंग्रेजी/ प्रादेशिक भाषा में)

(Signature of the claimant/s full & short in English/VErnacular)

दूरमाष/Phone मोबाइल/Mobile

ईमेल/E-mail.....

12  This discharge must be signed by the Life Assared and witnessed by a craftible person who is conversed with the signapor of the time and loans and line issuand.		Cheque/NEFT. If Payment is desired by M.O. or a demand draft, it can be made at the claimants cost and at his/her. risk and		दावेदार के खर्चे पर औ		
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(Signature of the Witness) as per note (4)



करें । PLEASE CHECK THE POLICY DOCKET BEFORE DESPATCHING THE DISCHARGE FORM

जाँच 4

विमुक्ति प्रपत्र मेजने/के पहले पॉलिसी

कृपया

- 1. Original Policy Bond
- 2. Cancelled cheque having Name & Account No. printed
- 3. If name not mentioned on cheque, passbook required to be varified by LIC official.
- 4. Self Attested Copy of ID like DL, Passport, Aadhar Card, Pan Card etc.
- 5. Discharge form duly signed over 1 Rs Rev. Stamp
- 6. NEFT Form duly signed

शुद्ध बट्टागत मूल्य/नकद विकल्प/प्रदत्त मूल्य, प्रथम/द्वितीय/तृतीय/चतुर्थ वि० हित लाभ/दावा/पये Admit Net D.V./C.Q./P.V./1st/2nd/3rd/4th/S.B./Claim for Rs. के पक्ष में प्रस्तावक / बीमेदार / अध्यार्थी / न्यासी (वि.खी.सं. अधिनियम) स्वाकार करें favouring Proposer/Life Assurance/Assignees/Turstees (M.W.P. ACT.)

आवश्यकता : पॉलिसी/विमुक्ति प्रपत्र/आयु प्रमाण/फॉ.नं. 3510/विद्यमानता/अनिवासी प्रश्नावली

Requirements: Policy Bond/Discharge Form/Age Proof/F.No. 3510/Existence Certificate/Non-resident Query Form.