

Date:	
To The Branch-in-Charge Customer Service & Operations ICICI Prudential Life Insurance Co. Ltd.	
Branch Name & City	the manager about a constant of a Commandant /
	the payout cheque on account of <surrender> / ners specify> refund of policy no</surrender>
Dear Sir / Madam,	
I authorize Mr./Msbearer of this letter to collect the payout ch	(relation), neque under the above mentioned Policy on my behalf.
Below is his / her signature that he/she has	s signed in my presence.
shall stand discharged of all its liabilities ur	rer the cheque to the bearer of this letter, the Company or the above policy in relation to my request for eelook> / <others specify="">.</others>
In the event of the non-receipt of the chequal shall not hold the Company responsible in	ue by me in pursuance of this authorization, n any manner whatsoever.
Yours truly,	
Signature of the Policy Holder	Name & Signature of the Authorized Person
Name in Full of the Policy Holder	Name in full of the Authorised Person
Phone no of the Policy Holder	Phone no of the Authorised Person

Encl: Self attested Photo ID proof of the Authorised Person

Communication Address: ICICI Prudential Life Insurance Company Ltd., Ground Floor, Raheja Tipco Plaza, Rani Sati Marg, Malad East, Mumbai-400 097. Reg No: 105. © 2016, ICICI Prudential Life Insurance Company Ltd., Insurance is the subject matter of solicitation. Comp/doc/July/2016/328. CIN:U66010MH2000PLC127837.