

NO OBJECTION CERTIFICATE IN CASE OF ABSOLUTE ASSIGNMENT



To,
ICICI Prudential Life Insurance Company,

Date

Dear Sir,

I / We _____ am / are the absolute assignee of the Policy Number issued by ICICI Prudential Life Insurance Company Limited on the life of _____

I/We do not have any objection to the Assignor _____ carrying out the following transaction(s) on the above mentioned policy.

TRANSACTION DETAILS	THIS TIME	HENCEFORTH	N.A.
1. Change in Personal Details (Name / Address / Contact Numbers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Switch (Change in the fund proportion of current investments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Premium Redirection (Change in the fund proportion of future investments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Top Up (Investing over the yearly premium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Increase in Sum Assured (Increasing the Death Benefit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Decrease in Sum Assured (Decrease in Death Benefit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Increase in Future Premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Decrease in Future Premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Change of Premium Payment Mode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Change of Premium Payment frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Reinstatement of Lapsed Policy post 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Any Others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assignee's Name & Signature

Stamp of the assignee
(required for corporate assignees)

Date :

Place _____

ACKNOWLEDGEMENT OF RECEIPT OF NO OBJECTION CERTIFICATE

Policy No. _____
Name of Assignee _____
Name of Original Policy Holder _____
Place _____
Date

Stamp

Received by _____