10M ASSIGNMENT FORM - BANK/FINANCIAL INSTITUTION

Important instructions for you to proceed:

- All fields are mandatory
- Assignor is the policyholder intending to assign the policy. Assignee is any Bank/Financial Institution in whose favour the policy is assigned.
- Assignment is subject to terms and conditions of the assignment agreed by the assignor and the Bank/financial institution.
- Barcode

- If more than one policy is to be assigned separate forms are to be filled up in respect of each of them.
- A nomination gets cancelled in the case of assignment until reassigned.

Post assignment of the policy, the Assignee will be entitled to all the payouts/ benefits subject to the terms and conditions	s of the transfer/assignment.
POLICY DETAILS	
Policy Number	Date D D M M Y Y Y Y
Name of Proposer	
Address	
Landmark Pin Code	
Contact Nos.	
STD Residence STD Office Ext.	ISD Mobile
CKYC Number (if available) :	
Purpose of Assignment*	
Amount- ₹	
DETAILS OF THE ASSIGNEE	
Name of the Bank/ Financial Institution	
Official Address	
Landmark Pin Code Branch	/Office Code
Contact Nos. STD Office STD Office/Fax Ext.	Mobile
E-Mail ID	Pan No.
Regulated by RBI SEBI Industry Type Bank Financial Ins	stitution Capital Market Intermediary
CKYC Number (if available) :	
I/we agree that the PAN details and other information provided by me/us in this form maybe used by the Company to download on/from the CERSAI* CKYC portal for processing this request, any future applications, or any other requests. I/We understand the	, , ,
would be relied upon for processing any requests/applications. (*Central Registry of Securitisation and Asset Reconstruction and sec Thereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform	(
any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that ICICI Prudential reserves	
Terms & Conditions	
All future premiums shall be paid by the Assignor of the Insurance policy. The state of the last	
 The assignor shall not exercise or hold any rights pertaining to services of the insurance policy including partial withdra Bank/financial institution. 	wal/surrender without specific consent of the
 The Assignor with suitable concurrence from the Assignee shall intimate the Company about its loan closure for suitable Assignor. 	e reassignment of the insurance policy to the
A CIVALONAL ED CENTENT CLUD	
ACKNOWLEDGEMENT SLIP	
This is to acknowledge the receipt of application for Assignment.	
Policy Number Date DDMMYYYY	STAMP
Documents Submitted Policy Certificate Address proof Photo Id Proof	&

Declaration

With reference to the indicated terms and conditions of this assignment, the Company shall, from the date of receipt of this notice, recognize the assignee Bank/Financial Institution as the only person entitled to the benefit under the policy.

- I/We understand that the assignment shall not be considered valid by the Company, until a notice in writing of this assignment and either the said endorsement or the instrument itself or a copy thereof certified to be correct by both the assignor and the assignee or their duly authorised agent have been delivered to the specified office of the Company
- I/We hereby declare that receipt of benefits arising under the policy by the Assignee, shall be valid for sufficient discharge of the said loan
- Policy servicing requests, as applied to the Policy prior to this Assignment, would continue unless specific instructions are provided to the Company by both the Assignor and the Assignee
- If the Application for assignment is rejected by the insurer, the customer may approach IRDAI within 30 days of receipt of notice of rejection
- Assignment will be as per Section 38 of the Insurance Act, 1938

 I/We do hereby declare that I/we have read and understood the Terms & Conditions mentioned herein above and agree to 	abide by the same
Notice of Assignment	
Notice is hereby given that I,the holder of the Insurance policy, have read and u subject to the above instructions, assign the rights and benefits of the above policy to the Institution, whose registered office is at	Bank/Financial
Consent for information sharing with third party	
I request ICICI Prudential to sh <u>are my registered KYC d</u> ocuments and policy details with	as required for
processing my loan formalities.	
Signed by me on this day of 20	
Place Signature of Assignor	Signature of Assignee with stamp
Details of the person signing as Witness (Please note that the witness should be major and o	ompetent to contract)
The assignor has duly executed the endorsement on the policy, and the signature/thumb impression is of the assignor affixed or	the date and at the Place herein above stated.
Name of	
Address	
Landmark Pin Code M	obile No.
Occupation	
Declaration Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or the proposer has switnessed by someone other than the advisor/agent/employee of the Company.	igned in vernacular language. Note: Must be
I (Full name of Witness)	(Relation with
Proposer)	adult and
inhabitant of (Address)	
do hereby declare that I have read and explained the contents of this form to the Proposer and he/she/they have understood	the same.
	(Signature of Witness)
FOR OFFICE USE ONLY:	
☐ ER Requestubmitted by ☐ C ☐ S ☐ CR ☐ CS	
Spaarc Call ID Date D M M Y Y Y	STAMP &
Scanning Cabinet Received By	TIME
Remarks	

Kindly call our Customer Service Number 1800 2660 (toll-free) Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

