

# REQUEST FOR ELECTRONIC POLICY PAYOUT

**Policy Number**

**Name of Policy holder**  Mr./Ms./Mrs.  First Name  Surname

**E-Mail ID**  **Mobile number**  **PAN**

### Trustee Details (Required to be filled, only in case it is an MWPA Policy)

**Trustee Name**  Mr./Ms./Mrs.  First Name  Surname

**Trustee PAN**

### Your bank account details to receive policy benefits

**Name of Customer/Trustee\***  
(as mentioned in the bank account and printed on your cheque)  
 \*In case it is an MWPA Policy, Trustee Bank account details are required to be filled.

**Name of Bank** .....

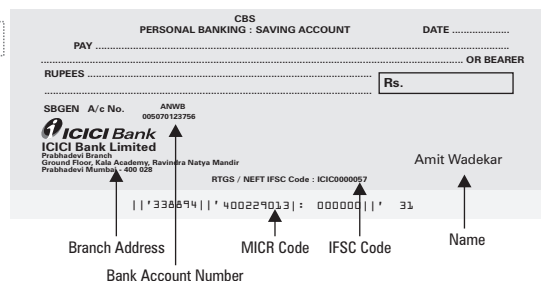
**Branch Address** .....

**Account Type**  Current Account  Savings/ NRO Account  NRE Account\*  
\*Proof of premium payment, i.e bank statement required for NRE bank account.

**Bank Account No.**   
Bank account number as printed on your cheque

**IFSC Code of Bank**

**MICR Code of Bank**   
9 digit code as appearing on the Cheque copy issued by bank.



**Signature of Policyholder**  **Signature of Trustee**  **Place:** ..... **Date:** .....DD/MM/YYYY.....

### SUBMIT THIS FORM WITH THE FOLLOWING DOCUMENTS:

- Canceled cheque of your bank account. Your bank account number and name should be printed on the cheque.
- Signed copy of PAN card.
- Proof of premium payment, i.e bank statement, if receiving amount in NRE bank account.



### FOR OFFICE USE ONLY:

ER Request submitted by  C  S  CR  CS

**Spaarc Call ID** \_\_\_\_\_ **Date**

**Scanning Cabinet** \_\_\_\_\_ **Received By** \_\_\_\_\_

**Remarks** \_\_\_\_\_

**STAMP & TIME**

### ACKNOWLEDGEMENT SLIP

Electronic Policy Payout (EPM)  5M

**This is to acknowledge the receipt of application for electronic policy payout**

**Policy Number :**  **Date :**

**Documents Submitted :**  Self Attested Photo ID  Signed Canceled Cheque

**Received By**

**STAMP & TIME**

# 5M SELF-DECLARATION LETTER BY CUSTOMER FOR CHEQUE REPROCESSING / REVALIDATION / STOP PAYMENT REQUEST



Deed of Indemnity is made at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ between

Barcode

Mr./Ms./M/s \_\_\_\_\_, residing at

\_\_\_\_\_ hereinafter referred to as 'the Party of the First Part of the One Part' and ICICI Prudential Life Insurance Co. Ltd. a company registered under the Companies Act, 1956 and having its registered office at ICICI Prulife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025 hereinafter referred to as 'the Company' of the Other Part.

Whereas

1. The Company had issued a cheque for Policy No. \_\_\_\_\_ towards \_\_\_\_\_ with following details:

Cheque No : \_\_\_\_\_ Dated: \_\_\_\_\_ Issued by : \_\_\_\_\_

Drawn on : \_\_\_\_\_ In favor of : \_\_\_\_\_ For Rupees : \_\_\_\_\_

2. The Party of the First Part has represented to the company that the said cheque has been lost/misplaced/mutilated

3. The Party of the First Part has applied to the company for the issuance of fresh/duplicate cheque and the Company is agreeable to do so on the following terms:

**NOW THIS DEED WITNESSETH** that pursuant to the same and in the premises the Party of the First Part hereby agrees to indemnify & keep indemnified the Company against any loss, costs, charges and expenses that the Company may incur by reason of issuing this fresh/duplicate cheque or by reason of the original cheque being at any time found and presented for payment. The Party of the First Part undertakes that in the event of the original cheque being found, the same will be returned to the Company forthwith.

**IN WITNESS WHEREOF** the Party of the First Part has put his hand the day and year first hereinabove written.

**Name of the customer:** \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of the customer)

**Name of the employee** (In the presence of): \_\_\_\_\_

Employee ID \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of employee)

