AUTHORIZATION FOR THIRD PARTIES



From,		Date DDDMMVYYYY
Mr./Ms		
(Name in full i.e. Name, Middle name and Surname Address and Tel. No: of the Police	cy Holder)	
То,		
The Branch-in-Charge		
Customer Service & Operations		
ICICI Prudential Life Insurance Co. Ltd.		
(Branch Name & City)		
Dear Sir / Madam,		
Subject: Authorization letter for Policy Number		
I authorize Mr./Ms		
Relationship: Parent Spouse Child Grand C Partial Withdrawal Surrender Policy Assignment my behalf.		
Below is his/her signature and he/she has signed in my pres	ence.	
Please do the needful.		
Yours truly,		
Signature of the Policy Holder		Name, Signature and Tel. No. of the Authorized Person
Contact Nos. STD Residence S	TD Office	Ext. ISD Mobile