

To, The Branch-in-Charge Customer Service & Operations ICICI Prudential Life Insurance Co. Ltd.	
	the payout cheque on account of <surrender> / rs specify> refund of policy no.</surrender>
Dear Sir / Madam,	
I authorize Mr./Msbearer of this letter to collect the payout che	, que under the above mentioned Policy on my behalf.
Below is his / her signature that he/she has	s signed in my presence.
	er the cheque to the bearer of this letter, the Company under the above policy in relation to my request for ook>/ <others specify="">.</others>
In the event of the non-receipt of the chequ not hold the Company responsible in any n	ue by me in pursuance of this authorization, I shall nanner 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 Co. Ltd., Unit no. 901A, 901B, A & B Wing, Prism Tower, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104.

Reg No: 105. © 2016, ICICI Prudential Life Insurance Company Ltd., Insurance is the subject matter of solicitation.

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