

Certificate Number / Member ID		
Name of Insured		
Mobile Number		
<u>Request</u>	<u>Reason for Cancellation/ Surrender</u>	
Cancellation		
Surrender		
<small>Surrender will be applicable for certain products only , for more information please contact Master policy holder or Read policy document.</small>		
Bank Details for Processing the Payment	Bank account Number	
	IFSC Code	
	Bank name	
<small>Documentation: Self attested copy of Bank Passbook/Cancelled cheque along with pre-printed name/Letter mentioning bank details-Certification by insured's bank</small>		
DECLARATION BY INSURED		
I hereby agree and give my consent to CreditAccess Life Insurance Limited to process the request for Surrender/ Cancellation. I understand that the Surrender/Cancellation of the policy results in the termination of the policy, also understand the CreditAccess Life Insurance discharged of all liabilities under it upon the payment of Surrender/Cancellation value.		
I hereby give my consent to CreditAccess Life Insurance Limited to send any communication related to my policy(s) on above mentioned Mobile/Email/By calling/Whats App.		
Signature of Member Insured/Thumb Impression of Policy Holder		Date:-
Declaration by Master Policy Holder:- We have fully explained all the aspect to the policy holder ,with respect to the Surrender/Cancellation of policy and CreditAccess Life insurance liability is discharged upon payment of surrender/cancellation of policy.		
Signature and Stamp of Master Policy Holder		Date:-