REQUEST FOR NEW BUSINESS DEPARTMENT CANCELLATION/REFUND

Jubilee LIFE INSURANCE

GUIDELINES FOR COMPLETION OF THE FORM

1. Complete the form in all respects, answer all questions with a single pen.
2. Write in Bold Legible Script within the space provided for each option.
3. If an option is not selected, please neatly write "Not Applicable".
4. Do not overwrite, mutilate, scribble, cancel or delete and do not use abbreviations, dots, crosses and dashes.
5. Use original form and sign as per signatures you affixed on proposal form with date.

Policy No _____ Proposal No _____ Premium Amount _____ Adhoc Amount _____

Name of Life Assured _____ Name of Policy Owner _____

Date of Policy Issuance _____ Cancellation Request Date _____

A: CANCELLATION/REFUND:

I, _____ bearing CNIC No. _____ wants to cancel my above mentioned policy within Free Look Period as per Condition 3 of Standard Policy Conditions due to reason: _____.

I, herewith, return (have already returned) the policy documents to Jubilee Life Insurance Company on _____ via _____.

B: CHARGES:

I agree that Company reserves the right to deduct the administration and miscellaneous charges on this policy, I also agree that Company may deduct medical and financial expenses occurred on this policy.

C: PAYMENT OPTION. SELECT ONE FROM THE FOLLOWING OPTIONS:

☐ Direct Transfer into IBFT Account ☐ VIA Payorder / Cheque

Account Title: _____ Branch Name/ Code: _____

Bank Name: _____

Account Type: ☐ Current ☐ Savings IBFT Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Note: Kindly attach a cancelled cheque bearing account # and policy holder's name.

D: VERIFICATION BY AUTHORIZED OFFICIAL OF THE CONCERNED BANK:

We do hereby verify that above particulars and signature are of above account holder.

Name of Bank Manager / Authorized Officer: _____ Contact No. _____

_____

Signature & Rubber Stamp

E: ACKNOWLEDGEMENT:

I, as a policy owner, hereby acknowledge that the transaction processed and payment made through the option selected by me in section C here above will discharge Jubilee Life Insurance Company from all the liabilities and responsibilities whatsoever in this regard.

Signed on (Date) _____ Name of Witness _____

Signature of Policy Owner _____ Signature of Witness _____

Policy Owner's CNIC No. _____ Witness's CNIC No. _____

Tel No. (Res) _____ (Office) _____ Tel No. (Res) _____ (Office) _____

Mobile No. _____ Mobile No. _____

Email Address _____ Email Address _____

Jubilee Life Insurance Company Limited
74/1-A, Lalazar, M.T. Khan Road, Karachi - 74000, Pakistan.
Phone: (021) 35205095, Fax: (021) 35610959, SMS: "JUBILEELIFE" to 8398
Email: info@jubileelife.com, complaints@jubileelife.com, Website: www.jubileelife.com
NTN Number: 0660564-8