

ASKARI LIFE ASSURANCE CO. LTD. POLICY CANCELLATION REQUEST FORM



Policy #: _____ Premium Amount: _____ Adhoc Amount: _____

Name of Policy Owner: _____ Plan Name: _____

Policy Issuance Date: _____ Cancellation Request Date: _____

REQUEST TYPE

Cancellation within Free Look Period

Cancellation out of Free Look Period

Charges:

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

PAYMENT OPTION

Direct Transfer Cheque/Pay order

Account Title: _____

Account Number: _____ Bank Name: _____

Verification by Authorized Official of Concerned Bank/Branch:

We do hereby verify that above particulars and signatures of our account holder.

Name of Bank/ Branch/ Authorized Official: _____ Contact No. _____

Signature & Rubber Stamp: _____

ACKNOWLEDGEMENT:

I _____ holding CNIC # _____ hereby declare that I received my policy documents on ____/____/____ (DD/MM/YY). I hereby put forward the request for the cancellation of my policy and demand for payment of the resulting value (if any) after adjusting for applicable charges**. I am aware of any financial loss that I might incur as a result. I declare that the information above is true to the best of my knowledge and belief.

Signed on (Date): _____ Signed on (Date): _____

Policy Owner's Signature: _____ Witness Signature: _____

Policy Owner's CNIC: _____ Witness CNIC: _____

Mobile No.: _____ Mobile No.: _____

Email Address: _____ Email Address: _____