

FREE LOOK CANCELLATION FORM

POLICY DETAILS																									
Policy No.																									
Name of Policyholder:																									
Phone No.:													Мо	oile N	lo.:										
Email ID:																									
PAN No.:																									
Nominee Name:																									
POLICY CANCELLATION REQUEST UNDER THE FREE LOOK CANCELLATION																									
(A) I request for cancellation of the above policy under the Free Look Cancellation Option as mentioned in the welcome letter of the policy document. The reason for the above request is,																									
☐ Disagreement with the Terms and Conditions of the policy document.																									
I have received the policy document on D D M M Y Y Y Y and am returning the same within the free look period.																									
(B) I request you to transfer the Free Look amount to																									
□ Fund Transfer - New application number □ Bank Account (as given at proposal stage or as given below)																									
BANK ACCOUNT DET	AILS	S (M.	AND	OAT	ORY	Y, IF	NO.	T PR	OVI	DED	AT P	ROP	OSA	L STA	AGE)										
Account Holder's Name:																									
Bank Name:																									
Branch Name:																									
Bank A/c No.:															IFSC	Coo	e:								
MICR code:															Loa	n A/d	No.:								
**Digital Loan A/C No.:																(*ma	anda	tory	for p	ayme	ent of	Ass	igne	d po	licy)
Note: Account has to be	(**) Acti	man	dato	ry fo	r pa	yme	ent to	Uni	on Ba	ank o	f India	a NRI	E and	Unio	n Bar	nk of	India	Assig	gned	policy	/)				
DECLARATION	ACII	ve a	iiu a	it iea	25t (Jilic	eriu is	5 10	i yea	i Olu	•														
I hereby declare that I am policy contract. In this re- contract. Star Union Dai-in not fulfilled.	gard,	. I he	ereby	pro	ovid	е со	mple	ete K	YČ d	etails	of se	elf an	d und	lertak	e to	abide	by a	ıll the	tern	ns an	d cor	nditio	ns of	the p	policy
Date:																									
Place:														Si	gnati	ure of	Polic	yholo	der:						
-																									- ⊁
				AC	KN	OW	LED	GEN	/IEN	Γ SLI	P – F	REE	LOC	K RE	QUE	ST F	ORN	/ I							
Policy No.																									
Name of Policyholder:																									

Branch Date / Time Stamp (Affix stamp in this box only)



Third Party Declaration

Third Party Declaration to be made if Policyholder has affixed thumb im	pression OR Policyholder has signed in vernacular language OF
Policyholder has not filled the form.	
l Mr./Ms./Dr.	
Address	
having known the policyholder for a period of □□(month/years); do declar	re that I have explained the contents of this form to the policyholde
in his/her language and have truthfully recorded the a	nswers provided by him/her. I further declare that the policyholde
has affixed his/her signature/thumb impression in my presence after unde	rstanding the contents.
Date:	Signature of Declarant
Place:	Occupation
· · · · · · · · · · · · · · · · · · ·	Address
	PAN No
For Office Use Only	
Request received within Free look period: Yes No	
Document submitted by customer: Policy Document Yes No	Branch Date/Time Stamp
	(Affix stamp in this box only)
Down short of six above	
Branch staff signature:	
Dianon sian signature	



Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703. Toll Free No.: 1800 266 8833 (9:30 am to 6:30 pm – Mon to Sat) | Tel.: 022-7196 6200 | Fax: 022-7196 2811 Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472 Trademark used under licence from respective owners.

