

## FREE LOOK CANCELLATION FORM

POLICY DETAILS																								
Policy No.																								
Name of Policyholder:																								
Phone No.:												Mol	oile N	lo.:										
Email ID:																								
PAN No.:																								
Nominee Name:																								
POLICY CANCELLATION	ON I	REQ	UES	T UN	DER	THE	FRE	EE LO	OK	CAN	CEL	LATIO	ON											
(A) I request for cancellation	on of	f the	abov											men	tioned	d in t	he w	elcon	ne lett	er of	the po	olicy o	docum	nent.
☐ Disagreement with the	Term	ıs an	d Co	nditio	ns of	the p	olicy	docu	ımen	t.														
I have received the policy	docı	umer	nt on	D	D	Μ	Μ	Y	Y	Y	Y	and a	am re	turnii	ng the	e san	ne w	thin t	he fre	e lool	k peri	od.		
(B) I request you to transfe	er the	e Fre	e Lo	ok am	ount	to																		
☐ Fund Transfer - New ap	plica	ation	numl	ber				[	1 Ban	k Acc	count	(as g	jiven	at pro	posa	l sta	ge oı	as g	iven b	elow)	)			
BANK ACCOUNT DET	AILS	S (M.	AND	ATOF	RY, IF	NO	T PR	OVIE	DED	AT P	ROP	OSAI	LST	AGE)										
Account Holder's Name:																								
Bank Name:																								
Branch Name:																								
Bank A/c No.:														IFSC	C cod	e:								
MICR code:														Loa	n A/c	No.	:							
**Digital Loan A/C No.:															(*ma	anda	tory	for p	aym	ent o	f Assi	gned	d poli	су)
				y for p							a NRE	E and	Unio	n Bar	nk of I	ndia	Assi	gned	polic	y)				
Note: Account has to be DECLARATION	Acti	ve a	nd at	least	6 m	onth	s to 1	yea	r old.															
I hereby declare that I am policy contract. In this rec contract. Star Union Dai-io not fulfilled.	gard,	, Ī he	ereby	provi	de co	mpl	ete K	YC d	etails	of se	elf an	d und	lertak	e to	abide	by a	all th	e terr	ns an	d cor	nditior	ns of	the p	olicy
Date:																								
Place:													Si	gnatı	ure of	Poli	cyho	lder:						
<b>%</b>																								≫
				ACK	NOW	LED	GEN	/IENT	SLI	P – F	REE	LOO	K RE	QUE	ST F	ORI	VI							- 3
Policy No.																								
Name of Policyholder:																								

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



## **Third Party Declaration**

I Mr./Ms./Dr		
Address		
having known the po	olicyholder for a period of $\Box\Box$ (month/years); do	eclare that I have explained the contents of this form to the policy
		he answers provided by him/her. I further declare that the policy
has affixed his/her si	ignature/thumb impression in my presence after	understanding the contents.
Date:		Signature of Declarant
Place:		Occupation
		Address
		PAN No
For Office Use On	ly	
Request received wi	thin Free look period:	No
Document submitted	d by customer: Policy Document Yes	No Branch Date/Time Stamp
		(Affix stamp in this box only)
		( with claims in this sex emy)
Branch staff signatur	re:	

## Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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