

LIFE INSURANCE CORPORATION OF INDIA

CITY BRANCH 21
101, Arcot Road,

Virugambakkam, Chennai - 600 024.

(044 - 23771146)

bo_71N@licindia.com

Discharge Voucher for Maturity Claim payment under POLICY NUMBER _____

on the life of _____ due on _____

We do hereby acknowledge receipt from the Life Insurance Corporation

of India of the sum of Rupees _____

being gross amount of claim, in full and final satisfaction of all my / our
claims and demands in respect of the following payments under the above
policy in terms of the policy contract.

PAYMENTS		DEDUCTIONS	
BASIC AMOUNT:	.00	UNPAID PREMIUM:	.00
V BONUS/GA :	.00	INT ON PREMIUM:	.00
F A BONUS :	.00	LOAN AMOUNT :	.00
INT. BONUS :	.00	LOAN AMOUNT :	.00
X-CHARGE :	.00	GAP PREMIUM :	.00
AB EXTRA REF:	.00	GAP PREM INT :	.00
OTHEXTRA REF:	.00	OTH DEDUCTIONS:	.00
DEPOSIT REF :	.00	OTH DEDUCTIONS:	.00
OTH PAYMENTS:	.00		
OTH PAYMENTS:	.00		
GROSS AMOUNT:	-----	TOTAL DEDCUTIONS:	-----

NET AMOUNT PAYABLE : _____

Signed at _____ on this day of _____ 20 _____

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

| Affix
| Revenue
| Stamp
| of Re. 1.

(Signature of the claimant/s in full and
short in English / Vernacular)

NEFT MANDATE FORM

- 1) Name of Policy holder or claimant :
- 2) Policy Number:
- 3) Bank Name:
- 4) Address of Bank:
- 5) Account type : Saving / Current / _____
- 6) Bank Account number:
- 7) IFS code of Bank:
- 8) Mobile number:
- 9) e-mail id:

Please enclose: - 1) Cancelled cheque leaf wherein the name of Account holder
is mentioned OR 2) Photo copy of the first page of the Bank Pass Book where
the name of account holder, Bank account number IFS Code is mentioned.

Signature of life Assured.

93385

CHENNAI DIVISION - I

