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Policy Number:

Policy Number input fields

FOR OFFICE USE ONLY

Received Date:

# Assignment Form

## Policyholder (i.e. Assignor) Contact Details

Landline No. (Residence), Landline No. (Office), \*Mobile No., Email ID

Are you a US Citizen or US tax resident Yes No If Yes, Please provide TIN:

All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc.

Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical Copy

Physical Copy checkbox

## Declaration

(Please read the Instructions/Notices mentioned overleaf before filling up this form)

I/We (Name of the Assignor) First Name Middle Name Last Name

have read and understood the Instructions/Notices mentioned overleaf and I/We hereby give you notice that I/We have assigned the above Policy to:

Name of the Assignee: First Name Middle Name Last Name

Status of the Assignee: Bank/Financial Institution Relative of the Assignor Others

Relationship with the Assignor:

Address of Assignee: City State Pin Code

Landline No. (Residence), Landline No. (Office), \*Mobile No., Email ID

Occupation:

Date of Birth: DD MM YYYY

Signature of the Assignor

Signature of the Assignee

## Endorsement

I/We (Name of the Assignor) First Name Middle Name Last Name

as the beneficial owner/s of Policy No. issued by Bharti AXA Life Insurance Company Limited for the

Sum Assured of ₹ have assigned the said Policy to the Assignee mentioned hereinbelow:

Name of the Assignee: (Please tick whichever is applicable)

Individual: First Name Middle Name Last Name

Financial Institution/Bank: Financial Institution/Bank Name

Type of Assignment: (Please tick whichever is applicable)

- I/We have absolutely assigned the Policy to the Assignee mentioned hereinabove. OR I/We have conditionally assigned the Policy to the Assignee mentioned hereinabove, on the condition that the Policy shall

revert to me/us in the event of:

