Annex - III

(Assignment/Re-assignment Details (if Loan taken from organization other than India Post):

| डाक जीवन बीमा Postal Life Insurance | |
|--|--|

| (110016) | nment/Re-assignment Details (if Loan taken from o Application for Assignment | or Re-assignment | (Tick whichever is applicable) | |
|---|---|---|--|--|
| 1 | Policy Details (particular of policy against which | the loan is taken) | | |
| i | Policy No. : | ii | Name of Insurant : | |
| iii | Sum Assured : | iv | Date of Acceptance : | |
| v | Date of Maturity: | vi | (dd/mm/yyyy) Amount of Loan required: | |
| | (dd/mm/yyyy) | | | |
| vii | Purpose for which Loan is required Or was taken: | | | |
| 2 | Details of Bank/Financial Institution etc. (from which loan is being taken Or was taken): | | | |
| i | Name of Bank/Financial Institution etc.: | ii | Industry Type : Bank/Financial Institution/Capital Market Intermediary/Other | |
| iii | Regulated By: IRDA/RBI/SEBI/Other | iv | Official Address of Bank/Financial Institution etc: | |
| v | Contact No.: | vi | e-Mail ID : | |
| vi | Loan Amount: | xv | Loan Sanction letter No. (Copy attached): | |
| | Loan Sanction Letter No. & date (copy attached in case of assignment of the policy): | | | |
| 3 | Or Loan Repayment letter No. & date (copy attached in case of Re-assignment of the policy): | | | |
| | | i iii case oi ixe-ass | giment of the poncy). | |
| | & Conditions (in case of Assignment) | (I) (A I | 1. | |
| > | All future premiums shall be paid by the Assignor | | | |
| > | | | taining to services of the insurance policy including partial | |
| | withdrawal/surrender without specific consent of the | | | |
| | | _ | e (Bank/financial institution etc) shall intimate India Post about | |
| | its loan closure for suitable reassignment of the inst | | | |
| 1 (A) | | on (in case of as | | |
| | This is to put on record that Shri/Smt./Ms | | | |
| | Rs | | (Bank/Financial Institution etc name) | |
| | for | | | |
| | | | | |
| | | | | |
| | continue unless specific instructions are provided to the Bank/Financial Institution etc by both the Assignor and the Assignee. I have by recognized the assignee (Bank/Financial Institution etc) as the only person entitled to the benefit under the policy until the policy | | | |
| | | | | |
| | is re-assigned. | | | |
| | - | | | |
| | I/We do hereby declare that I/we have read and understood the Terms & Conditions mentioned herein above and agree to abide by the same. | | | |
| | Date: | | | |
| | Place: | | | |
| | Signature of A | ssignor (Insurant) | Signature of Assignee with stamp | |
| 4 (B) | <u>Declarat</u> | ion (in case of r | e-assignment) | |
| | - | | | |
| | | | , | |
| | | (purpose) in terms of the Loan agreement date dues and that no amount is now due from him/her towards or | | |
| | respect of the said loan. | | | |
| | | (| Bank/Financial Institution etc name) has no claim right, title | |
| interest in respect of PLI/RPLI Policy. | | | | |
| | I/We do hereby declare that I/we have read a by the same. | I/We do hereby declare that I/we have read and understood the Terms & Conditions mentioned herein above and agree to abide by the same. | | |
| | Date: | | | |
| | | ature of Assignor v | vith stamp Signature of Assignee (Insurant) | |