



भारतीय जीवन बीमा निगम, मण्डल कार्यालय-III, नई दिल्ली
L.I.C. OF INDIA, DIVISIONAL OFFICE-III, NEW DELHI

Form No. 5180/3825 (Mty/SB)

(जीवन बीमा निगम, अधिनियम, 1956 द्वारा संस्थापित)
(Established by the life Insurance Corporation Act., 1956)

सूचना सं.
INT. No.

विमुक्ति
Discharge of
बीमेदार
Life of
मैं/हम
I/We

पॉलिसी सं.
Policy No.
के जीवन पर विद्यमानता हितलाभ/परिपक्व/देय तिथि
SB/maturing/ due on
दिनांक
Dt.

बीमेदार / अभ्यार्थी / न्यासी
the Life assured/assignee(s)/Trustee
एतद्वारा
do hereby

भारतीय जीवन बीमा निगम से सकल दावे के रूप में प्राप्ति स्वीकार करता हूँ / करते हैं
acknowledge receipt from the Life Insurance Corporation of India of the sum of
रुपये (शब्दों में)
Rupees (in words)
जो उपरोक्त पॉलिसी के अंतर्गत संविदा की शर्तों के अनुसार निम्न भुगतानों के संबंधों में मेरे/हमारे दावों
the gross amount of claim, in full satisfaction of all my/our claims and demands in respect of the
एवं मांगों की पूर्ण तुष्टी है
following payments under the above policy in terms of the policy contract.

Most Urgent

आपकी पॉलिसी परिपक्व हो रही/युकी है।
कृपया निम्न फार्म के साथ शाखा कार्यालय में तुरन्त सम्पर्क करें :
(1) पॉलिसी बाण्ड (2) डिस्चार्ज फार्म (3) NEFT फार्म (4) कैंसिल चैक (नाम सहित) और बैंक पास बुक की कॉपी
(5) पहचान पत्र (6) निवास प्रमाण पत्र (7) PAN Card की प्रतिलिपि (मूल दस्तावेज साथ लाएं)

"I/We hereby declare that I/We have not served-on-any Office of the Life Insurance Corporation of India any notice of assignment or reassignment in respect of the above POLICY/IES except those, if any, already registered by the Life Insurance Corporation of India of the Insurer who issued the above POLICY/IES not shall I/We serve on any office of the said Corporation any notice of assignment or reassignment before payment of the survival benefit/Maturity claim under the policy due on

I/We have not Dealt with Policy in any other way .
एतद्वारा पॉलिसी उक्त निगम को निरस्त/पृष्ठांकन हेतु भेजी जाती है

Policy is hereby delivered to the said Corporation for cancellation/endorsement.

राजस्व टिकट
Revenue
Stamp of
Rs. 1.00

दिनांक स्थान
Dated at
दिनांक
this
माह
day of
20
20

(दावेदार / दावेदारों के पूरे और संक्षेप में हस्ताक्षर
अंग्रेजी / प्रादेशिक भाषा में)
(Signature of the Claimant/s
full & short in English/vernacular)

हस्ताक्षरित श्री/श्रीमती
Signed by Shri/Smt.
की उपस्थिति में
In the presence of
साक्षी का हस्ताक्षर
Signature of witness
साक्षी का विवरण
Particulars of witness
पूरा नाम
Full Name
पद Designation
पता Address

पता/Address
दूरभाष/Phone
मोबाईल/Mobile
ई मेल /E-mail

NOTES :

- (1) Payment will be made by an Account Payee Not Negotiable Cheque. If payment is desired by M.O. or a demand draft, it can be made at the claimant's cost and at his/her risk and responsibility, on his/her signing to the following note of request.

I/We hereby request the Corporation to pay the aforesaid amount by M.O./Demand Draft on the..... BANKat my/our risk and responsibility. I/we further agree to M.O. Commission/Bank charges being deducted from the claim amount.

(Signature of the claimants)

टिप्पणी:

- (1) भुगतान आदाताखाता अधिनियम चेक द्वारा किया जाएगा। यदि भुगतान मनी ऑर्डर या डिमांड ड्राफ्ट द्वारा अपेक्षित है तो निम्न अनुरोध पत्र उसके हस्ताक्षर, करने पर दावेदार के खर्च पर और उसकी जोखिम और जिम्मेदारी पर किया जा सकता है।
मैं/हम एतद्वारा निगम से उक्त राशि मनीऑर्डर, डिमांड ड्राफ्ट बैंक पर
मेरी/हमारी अपनी जोखिम और जिम्मेदारी पर करने का अनुरोध करता हूँ/करते हैं। मैं/हम मनीऑर्डर कमीशन/बैंक प्रभार दावे की राशि में से काटने के लिए सहमत हूँ/हैं।

दावेदारों का हस्ताक्षर

- (2) This discharge must be signed by the Life Assured and witnessed by a credible person who is conversant with the language of this form and knows the life assured.
- (3) If more than one person have signed the discharge form, the names of all the persons should be stated.
- (4) Illiterate claimants must affix their thumb impressions which should be attested by a -Magistrate or Special Executive Magistrate or a Gazetted Officer, or a Block Development Officer, or a Class 1 Officer of the L.I.C. or a Development Officer of the L.I.C. with at least five years) service. The attesting witness must make the following declaration under his/her signature, "Shri/Smt.
son/ daughter of Shriand wife/widow of Shri..... has affixed his/her thumb impression in my presence after understanding the contents hereof."
- (5) Since our records do not show that the final premium due on under the policy has been paid, we have proceeded on the assumption that it remains unpaid and have calculated the claim amount on that basis. If, however, the said premium has already been paid, the amount thereof will be refunded along with the claim amount. To enable us to trace the payment of premium if already made, please inform us the name of the office or Bank where it was paid and the date and number of the deposit receipt issued thereof.
- (6) Signature/s of the claimant's other than Life Assured should be attested by one of the officials as mentioned in Note No. (4)

If the within written discharge is signed by more than one person and payment is desired to be made to only one of them, then the following note of Authority must be completed and signed by all of them before a Magistrate, or a Special Executive Magistrate, or a Gazetted Officer, or a Block Development Officer, or a Class 1 Officer of the Corporation, or a Development Officer of the Corporation with atleast five year service, provided he is fully satisfied about the identity of the executants :-

Place..... Date स्थान..... दिनांक.....

मैं/हम एतद्वारा भारतीय जीवन बीमा निगम को प्राधिकृत करते हैं और अनुरोध करते हैं कि वह अन्तर्लिखित राशि रु श्री/श्रीमती को अदा करें।

I/We hereby authorise and request the L.I.C. of India to pay the within mentioned amount of Rs. to Shri/Smt.....

की उपस्थिति में अन्तर्लिखित पार्टियों द्वारा हस्ताक्षरित

Signed by the parties within mentioned in the presence of

साक्षी
Witness :
हस्ताक्षर
Signature :
पूरा नाम
Full Name :
पद
Designation :
पता
Address :

(संपूर्ण हस्ताक्षर)
(प्राधिकारी की कार्यालयीन मोहर)
(Signature in full)
(Official Seal of the Authority)

मैं प्रमाणित करता हूँ कि यह प्राधिकार पत्र मैंने श्री/श्रीमती.....को समझा दिया था और वह/वे प्राधिकृत पार्टी श्री/श्रीमती.....को भुगतान करने के पक्ष में सहमत है।

I certify that the contents of this Note of Authority were explained by me to Shri/Smt.and he/she/they have agreed to payment being made to Shri/Smt.the authorised party.

(साक्षी का हस्ताक्षर)(Signature of the Witness) as per note (4)

NEFT MANDATE FORM

Name of policy holder/claimant :

(2) Bank Name

(3) Bank Branch Address :

(4) Account Type : Saving/Current/Cash Credit/NRI

(5) Account No.

(Bank account number should be written from left to right)

(6) MICR No.

(7) IFS Code :

(8) Mobile No. + 9 1 9 1 9 1

(9) E-mail id :

(Signature)