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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

“Your partner for growth and security”

Policy closure form

The Life Insurance Policy No.....of Mr./Ms./Mrs..... bearing CID No.....(“Policy-Holder”) for Mr./Ms./Mrs.....bearing CID No..... (“Life Assured”), having the policy term commencing from .../.../..... to .../.../..... has been terminated/cancelled for any of the following reasons:

- 1. Full Surrender
- 2. Maturity
- 3. Death

The Claimant, Mr./Ms./Mrs..... has claimed the benefit amounting to Nu..... vide Cheque No.....on / /

DECLARATION

- 1. Now therefore, by signing this Policy Closure Form, I/We fully understand and confirm that the contract of this insurance policy stands terminated/cancelled from the date of signing this Form
- 2. Further, I/We understand that RICBL shall not be liable for payment of any claim to the Policyholder or the Life Assured hereafter under this Insurance Policy.

Affix Legal Stamp Here

Date...../.... /

Place.....

Claimant’s Signature

Witness’ Signature

Name:.....

Name:.....

CID No.....

CID No.....

Contact No.:.....

Contact No.:.....

For Official Use:

<p>Claim Processor</p> <p>Name:.....</p> <p>Emp. ID.:.....</p>	<p>Manager</p> <p>Name:.....</p> <p>Emp. ID.:.....</p>
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