

Application of Assignment

Policy No:

Date:

Policyholder Name: Mr Miss Mrs

Mobile No: Resident No: Office No:

Email Id:

Contact details mentioned above will be updated in our records for further communication

Sir/Madam,
 I/We, _____ applicant/policyholder of the IndiaFirst Life Insurance application/policy no. _____ do hereby assign the rights and benefits of the said policy in favour of _____ (assignee name) details as mentioned below:

Assignee Details :

Name of Assignee:

Address:

Mobile No: Resident No: Office No:

Email Id:

Assignee Type: Individual Financial Institution/Bank/Trust

Below mentioned details are mandatory only if the absolute assignment has been made to an individual and not to a Institution/Bank

Date of Birth: Gender: Male Female Nationality: Indian NRI

Occupation: Salaried Business Student Professional Others _____

Identity Proof: Passport Pan Card Voter ID Driving License Others _____

Address Proof: Passport Ration Card Voter ID Driving License Others _____

Declaration by Policyholder :

I hereby declare that I have absolutely assigned the above policy to _____ (Name of Assignee)

I have received a sum of Rs. _____ (Rupees _____) in consideration from the assignee for the assignment.

I have assigned the policy out of love and affection and have not received any consideration from the assignee.

Relationship with Assignee: _____ (Eg:Parent/Spouse/Child/Lender/Creditors/Guarantor etc)

The original policy document is sent herewith. Please acknowledge the receipt of this notice and the original policy document and return the policy document to the above assignee after registering the assignment.

Signature/Thumb Impression of Policyholder Place Date

Notice of Assignment:

IndiaFirst Life Insurance Company Ltd
 301, "B" Wing, The Qube,
 Infinity IT Park
 Dindoshi - Film City Road
 Malad (East), Mumbai - 400 097

Re: Notice of Assignment under Section 38 of the Insurance Act 1938 for Policy no.

Dear Sir/Madam,

Notice is hereby given that I/We, have assigned the above mentioned policy to
 Mr./Mrs./Miss/Ms (name of assignee),
 whose address is
 on (date of assignment). We enclose the assignment form for registration of Assignment in your records.

Instructions:

- The full name, age, address and relationship of the assignee must be stated where the assignor is an individual.
- The assignment of a policy shall automatically cancel any nomination made in the policy.
- In case of assignment in favor of a Financial Institution/bank please affix a stamp of the Financial Institution/Bank and countersigned by the Authorized Signatory.
- The witness should be a major and competent to contract.

Declaration by Policyholder

I hereby declare that I have absolutely assigned the above policy to (Name of Assignee)
 I have received a sum of Rs. (Rupees) in consideration from the assignee for the assignment.

Signature of Assignor (policyholder)
 Name:
 Address:

 Place: Date:

Signature of Assignee (Financial Institution/Bank Stamp)
 Name:
 Address:

 Place: Date:

Declaration by Witness:

The assignor has executed the endorsement on the policy. The signature / thumb impression is of the assignor and he/she has affixed it in my presence on the date and time stated above.

Signature of Witness
 Name:
 Address:
 Place: Date:

Vernacular Declaration (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I hereby state that I have explained the contents of this form to the policyholder in language, that the policyholder has signed/affixed thumb impression in my presence, after fully understanding the contents thereof.

Name & Signature of Branch Official with stamp
 Name and Signature of Witness
 Place

For Official Purpose :

Name & Signature of Branch Official with Stamp
 Place
 Request Date
 Request Time

Enclosure: Original policy document