



# WITHDRAWAL APPLICATION FORM

Complete where applicable using block letters or tick

## POLICY DETAILS

Policy Owners Name  Policy Number

## TYPE OF CLAIM

Cash Back /Loyalty Bonus

Maturity

Refund

Partial Surrender/Withdrawal

Early Retirement

Complete Surrender

Claim Amount

## CLAIMANT DETAILS

Name of Claimant  Omang/ID /Passport Number

Contact Number  Relationship to Policy Owner

**Are you KYC Compliant**      **YES**      **NO (If no, please provide the below)**      **Year of KYC Completion**

KYC Form

Proof of Residence

Source of Funds (Pay Slip/3 Months Bank Statement)

PIP Form

## BANKING DETAILS

Bank Name  Bank Acc.  Branch Name

## CUSTOMER DECLARATION

I hereby confirm that the above information is true and correct to the best of my knowledge

Claimant Name  Date

Claimant Signature

## FOR OFFICIAL USE

Processed by  Approved by

Date  Date

Signature  Signature

## REQUIRED CHECKLIST

Copy of ID

Birth Certificate/IRO if Applicable

Proof Account

ITW/6

Letter of Authority

Retention Form

Signed Cancellation Letter