CHENNAI(I) Divisional Office, Branch code 70S

(Intimation No: M/022018/0000181)

Discharge Voucher for MATURITY Claim payment under Policy No. 713443819 on the life of Karthik due on 28/02/2018

I do hereby acknowledge receipt from the Life Insurance Corporation of India of the sum of Rupees 165300.00 being gross amount of claim, in full and final satisfaction of all my claims and demands in respect of the following payments under the above policy in terms of the policy contract.

PAYMENTS DEDUCTIONS

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BASIC AMOUNT: 100000.00 UNPAID PRM : 00.00

V BONSUS/GA : 64300.00 INT ON PRM: 00.00

INT. BONUS/LA: 00.00 LOAN AMT: 00.00

F A BONUS: 1000.00 LOAND AMT: 00.00

X-CHARGE: 00.00

AB EXTRA REF: 00.00 GAP PRM: 00.00

OTH EXTRA REF: 00.00 GAP PRM INT: 00.00

DEPOSIT REF: 00.00 OTH DEDNS: 00.00

OTH PAYMENTS: 00.00 OTH DEDNS: 00.00

OTH PAYMENTS: 00.00

GROSS AMT: 165300.00 TOTAL DEDNS: 00.00

NET AMOUNT PAYABLE: Rs. 165300.00

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this day of \_\_\_\_\_\_\_\_\_\_ 2017

WITNESS:

Signed by Mr. /Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the presence of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ……………………………………….

Signature of Claimant in full & short in English/vernacular

Particular of witnesss

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address & Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Notes:

1. The discharge must be signed by the claimant and witnessed by an Agent of the Corporation (Who is a Member of Agent’s Club at the level of DM Club or above), Development Officer / Class I Officer of LIC / Bank Manager / Officer of a nationalized Bank / Principal / Head Master of a local high school / Gazetted Officer / Magistrate / Doctor / Advocate.
2. If more than one person has signed the discharge form the names of all the person should be stated.
3. Illiterate claimants must affix their thumb impression which should be attested by one of the persons as stated in (1) above.