

## Declaration for submission of Payout Request on behalf of the customer

under Policy No	Policy No. at	Branch Name	branch. These documents pertain
to	Policyh	nolder name(s)	who is/are unable to visit the
branch due to	R	Reason	
also confirm tha	t I have verified	d these documents in origina	al (OSV).
Name of the Decla	arant:		
			Signature of the Declarant
Place:		Employee Code:	
Date:		Agency Code:	
Declaration by At	tending Branch	n Operations Officer tedType of payout	request and customer's documents
Declaration by At	tending Branch nat I have collect FC/Emplo cted his/her iden	ted Type of payout  yee Name  stity card copy along with the s	request and customer's documents
I confirm the from I have colle	tending Branch nat I have collect FC/Emplo cted his/her iden	n Operations Officer  tedType of payout  yee Name	request and customer's documents
I confirm the from I have colle	nat I have collect FC/Emplocted his/her iden m that I have val	ted Type of payout  yee Name  stity card copy along with the s	request and customer's documents service request. g the agency code/credentials.