

Declaration for submission of Payout Request on behalf of the customer

I hereby declare that I have submitted the documents for _____ Type of payout _____ payout request under Policy No. _____ Policy No. at _____ Branch Name _____ branch. These documents pertain to _____ Policyholder name(s) _____ who is/are unable to visit the branch due to _____ Reason _____.

I also confirm that I have verified these documents in original (OSV).

Name of the Declarant: _____

Signature of the Declarant

Place: _____

Employee Code: _____

Date: _____

Agency Code: _____

Declaration by Attending Branch Operations Officer

I confirm that I have collected _____ Type of payout _____ request and customer's documents from _____ FC/Employee Name _____.

I have collected his/her identity card copy along with the service request.

I also confirm that I have validated the details by checking the agency code/credentials.

Name of the branch officer: _____

Signature of the branch officer

Employee Code: _____ **Date:** _____

Branch stamp