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Received Date:

(To be used only when the Assignee has extended a loan to the Assignor and the policy is assigned as a Collateral Security for the loan)

Landline No. (Residence):

0					-								
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Landline No. (Office):

0					-								
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STD
Phone

*Mobile No.:
(Mandatory)

0													
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Email ID: _____

Assignor	Assignee
Signature of the Assignor →	Signature of the Assignee →

[illegible]

Type of Assignment:

(Please tick whichever is applicable)

☐

I/We have absolutely assigned the Policy to the Assignee mentioned hereinabove.

OR

☐

I/We have conditionally assigned the Policy to the Assignee mentioned hereinabove, on the condition that the Policy shall

revert to me/us in the event of: _____

Consideration:

In consideration of the loan amount of ₹

received, I

son/daughter of

do hereby completely assign my rights and obligations under the above policy to

Signature of the Assignor →

Signature of the Assignee →

Name of the Witness:

First Name

Middle Name

Last Name

Address of Witness:

City

State

Pin Code

Signature of the Witness: _____

Date:

Place: _____

Vernacular Declaration**DECLARATION* IN CASE THIS ASSIGNMENT FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:****Declaration by Policyholder:**

I hereby declare that the contents in this form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policyholder → ☐**Declaration by person filling the form:**

I have explained the contents of this form to the Policyholder in _____ language and I have correctly recorded the answer provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name:

First Name

Middle Name

Last Name

Declarant's Address:

City

State

Pin Code

Date of Birth:

Declarant's Signature:

Date:

Place: _____

*"The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM."

I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities/bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us.



I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes.

I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services.

Date:

Signature of the →
Assignee**INSTRUCTIONS / NOTICES:**

1. All the information is to be filled in BLOCK LETTERS.
2. All fields are mandatory.
3. The term Assignor stands for the current Policyholder, who intends to assign the Policy, whereas the term Assignee stands for the person in whose favour the Policy is to be assigned.
4. This assignment shall not be effectual against the Company unless this Assignment Form is duly completed and delivered, accompanied by the original Policy Bond to the Company.
5. In case of assignment in favour of a financial institution/bank/other entities, the financial institution/bank should affix its stamp and should be countersigned by its authorised signatory.
6. In case of assignment to third party/(ies), other than banks/financial institutions, the Assignor should submit identification proof, residential proof and income proof of such third party.
7. The witness should be a person competent to contract.
8. Transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy.
9. The Company is entitled to charge a fee of ₹50 (for policies issued through electronic mode) & ₹100 (for other than electronic mode) for granting written acknowledgment of the receipt of notice of assignment or transfer of policy.

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Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

 **1800-102-4444**  **SMS SERVICE to 56677** We will be in touch within 24 hours to address your query  **WhatsApp Number - 022-48815768**  **www.bhartiaxa.com**