

APPLICATION FOR LOAN AGAINST POLICY

Policy Number												Da	ıte∟	D [/ N	1 Y	Υ	Υ	Υ
Name of Policyh																				
(Proposer)	Salutat	ion				irst Naı	ne 					5	Surn	ame						
Contact No.																				
	STD	Reside	nce			ISE)		Mobi	le										
	STD	Office				Ex	tn.													
E-mail ID (Perso	nal) 💷 💷																			
(Officia	al) 🔲 🗔																			
All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The contact details mentioned above will be updated for all future communication)																				
elA No.																				
Dear Sir / Madar	m,																			
I, the holder of the	he above mentio	ned policy	/ hereh	v ann	lv for a	loan a	nainst	this	polic	v. on	the T	Tern	ns 8	<u> Հ</u> Ըո	ndit	ions	s ma	entic	nec	lin
this form and su					•	•	•					. 511		. 50						
Request you to	grant me a loan	of amount	as sele	ected	below:															
Amount Rs.					words)					ı		-	ı	ı	ı	ı	ı	ı		1
				`	,															
Or Maximum	n amount availab	ole as Ioan	agains	t poli	cy.															
Note: Company realization from	will not be able	to release	the pay	yment	toward	ds your	reque	est ir	case	of p	remi	um	paid	d by	you	ı is p	oen	ding	for	to
pending realizati	ion.	you will fi	or be e	пше	ior arry	репап	nieres	St OII	acco	uni c	n dei	ay i	II I E	ieas	sirig	uie	μay	out	aue	ιο
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NOTICE OF A	BSOLUTE ASS	IGNMEN	T AGA	INST	VALU	ABLE	CON	ISID	ERA	TION										
I, the holder of th	ie policy absolut	tely transfe	or and a	:	41-1-1				£ 41		رمناه	in f		٠.		_		_		
I, the holder of this policy, absolutely transfer and assign the rights and benefits of the said policy in favor of the Generali Central Life Insurance Company Limited against the above said loan.								:he C	Ce											
Insurance Comp	· ·	-		_	_	nts and	benef	its o	t the s	said p	olicy	1111	avo	rott	he C	3en	erali	Ce	ntra	Lite
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Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (Formerly known as 'Future Generali India Life Insurance Company Limited') (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@generalicentral.com | Call us at 1800 102 2355 | Website: www.generalicentrallife.com

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INDEMNITY CUM UNDERTAKING AND TERMS & CONDITIONS

- 6. In the event of the failure to repay the loan when required or to pay interest, the policy shall be terminated by the Company without giving any notice, and the Company shall be entitled to apply the Surrender Value towards repayment of the interest, principal and expenses; balance remaining of the Surrender value, if any, shall be paid to the policyholder.
- 7. In the event of an application for a subsequent loan under the Policy, eligibility for such loan shall be calculated after taking into consideration the outstanding loan and interest, if any, on the existing loan and in no event the aggregate loan granted shall exceed the overall eligibility under the above Policy.
- 8. In case the Policy shall attain maturity or become a Claim due to death or any supplementary benefit and when the amount of the loan or any portion thereof is outstanding, the Company shall be entitled to deduct such an amount together with all interest upto the date of maturity, or of death, or of the event under the supplementary benefit; as the case may be from the Policy Moneys and balance only shall become due and payable.
- 9. I agree and undertake to reimburse the amount of any losses or liabilities arising out of any matter that may arise to the Company on account of any breach of any of the statutory provisions or terms of assignment by me in connection with this loan. I also agree and undertake to protect the Company, its representatives, officers, directors against any demand of whatsoever nature and /or any loss incurred by the Company in connection with any issue pertaining to the abovementioned policy and the amount of such losses/damages may be recovered from my estate.
- 10. I acknowledge that the assignment shall be completed and effectual only upon the execution of this endorsement.
- 11. I also acknowledge that the assignment shall not be operative as against the Company until a notice in writing of this assignment and either the said endorsement or the instrument itself or a copy thereof certified to be correct by both the assignor and the assignee or their duly authorized agent has been delivered to the specified office of the Company.
- 12. I hereby declare that receipt of benefits arising under the policy by the Assignee/ Company, shall be valid and sufficient for discharge of the said loan.

Signature of policy h	nolde	er																							
DECLARATION FO	OR I	POL	ICY	ΉΟΙ	.DE	R S	IGN	ING	IN	VE	RN	AC	UL	AR I	1A_	NGUAGE / TH	lUN	1B I	MF	PRE	SS	101	ļ		
Name of Witness			Ш													Contact no.									
Witness Address																							1		

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Signature of Witness	Signature / Thumb impression of Policyholder
Date DDMMYYYYY	Date DDMMYYYYY
Place	Place

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