



**Application Form For PHS Services**

Dear Sir,

Policy No: \_\_\_\_\_ on the life of \_\_\_\_\_

Kindly refer to item No. (s) \_\_\_\_\_ below and take necessary action:

1. Intimate Premium Payment Position.
2. Grant Maximum Loan available.
3. Quote reinstatement requirements (Simple).
4. Quote reinstatement requirements (Redating Plan).
5. Convert Policy into Paid up.
6. Pay Cash surrender Value of the Policy.
7. Please Change table to \_\_\_\_\_ and term to \_\_\_\_\_ years.
8. Change mode of Premium Payment to \_\_\_\_\_
9. Assignment/Re-assignment of the Policy may be registered.
10. Increase/Decrease the sum insured.
11. Address may be changed as under:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Pay 1st/Second Survival Benefit due on \_\_\_\_\_

13. Transfer my policy record from \_\_\_\_\_ to \_\_\_\_\_

14. Any other matter/services \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Yours Faithfully

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No. \_\_\_\_\_