

## REFUND FORM

Proposal No./Policy No.: .....

Application Date: .....

Name: .....

If you don't have your own bank account, a **close relative** (other than Shanta Life's Insurance Representative) with a proof of relationship can be nominated to receive money. Note that payment to any person other than the insured is subject to the approval of the company.

Nominated Person to receive money  Relationship with Insured .....

Reason For Premium/Deposited Premium Refund

Declined Proposal  Postponed Proposal  Suspense/Unadjusted Amount

Refund Amount: BDT ..... In word .....

Preferreable method to collect payment  EFT  A/C Payee Cheque

### Bank Account Details

Please Provide your or your nominated person's bank account details below (in CAPITAL LETTER):

Bank Account Name: .....

Bank Name : .....

Bank A/C No. : .....

Routing No. : .....

Branch Name : .....

#### **Kindly attach mentioned documents:**

1. Photocopy of Policy Owner's NID
2. Photocopy of MICR Cheque
3. Proof of Refundable Payment (Bank Statement/MFS-Transaction Statement/Receipt)

Select method to collect A/C Payee Cheque:  Shanta Life Head Office  Assigned Agency Code

\_\_\_\_\_  
Signature of Policy Owner/Applicant

\_\_\_\_\_  
Mobile Number

### Head Office Use Only

Refund Note To F&A Dept:

Please refund the deposit of BDT ..... made against the above proposal(s) to the mentioned bank account through EFT/A/C Payee Cheque

\_\_\_\_\_  
Prepared By (UND/PS)

\_\_\_\_\_  
Approved By (HOD:UND/PS)