



CASH BACK ENCASHMENT FORM

Date: Policy No: Premium Amount (MUR):
Real Next Premium Date: Payment Frequency: Policy Start Date:
Policy is assigned in favour of (as applicable): Policy Status:
Name of CSR: Branch Office:

Dear Sir/Madam,

- A. I/We would like to benefit from my/our cash back amount due on ...
B. I/We chose to leave my/our cash back amount due on ... in my/our policy account and get higher Fund Value, payable upon my/our future instructions or at maturity date
C. I/We would like to receive my/our payment through: Bank Transfer

Policyholder(1) Name: Identity Card Number (1):
Policyholder(2) Name: Identity Card Number (2):
Policyholder(s) Bank Name: Address:
Bank Account No in the name of

Type of Account: Single Joint Bank Account Number:

Contact Details:

Residence: Mobile: Office: Email Address:

Notes:
In case your policy is assigned in favour of a third party: kindly note that all sums due will be paid to the latter. In the event that your policy is in arrears, the proceeds will be paid out net off all arrears.
Policyholder/s must provide respective original National Identity Card and the upper part of their bank account statement showing name and account number for reference.
We will issue a cheque, in the event of missing and/or incomplete payout instructions and if we do not receive the upper part of the bank statement, Mur 200 will be chargeable.
For joint life policies and joint bank accounts, the signatures of both policyholders are required.
The National Insurance Co. Ltd does not assume any responsibility if your Cash Back payout instructions are delayed or lost and is not liable for the payment of any compensation whatsoever including, but not limited to, interest payments.
This form is issued without any liability or obligation on the part of National Insurance Co. Ltd or of its officers and representatives.
Should you opt for a cheque payment, a flat fee MUR 200/- will be applicable and utility bill less than 6 months will be required.

Customer Satisfaction:

We thank you for giving us the opportunity to better serve you. Please help us improve our service standards by telling us how satisfied you are with the service you have received so far and with your overall experience with NIC.

C.1 Net Promoter Score C.2 Refer a Friend
Very Satisfied Satisfied Not Satisfied
How likely is it that you would recommend NIC to your family, friends or colleagues? Please cross the box
Not likely 1 2 3 4 5 6 7 8 9 10 Extremely likely

Yours faithfully,

Name of Policyholder(1) Name of Policyholder(2) (as applicable)
Signature of Policyholder(1) Signature of Policyholder(2) (as applicable)
Date Signed:



Life & Pensions

FOR OFFICE USE ONLY

I , certify that policyholder(s) has/have signed the Cash Back Encashment

Form in my presence at Date:/...../..... (dd/mm/yyyy)

Signature of CSR: Designation: