



NATIONAL INSURANCE COMPANY

Life & Pensions

ARREARS REPAYMENT AGREEMENT FORM

Date:

**The Manager
NIC Centre,
217 Royal Road,
Curepipe, Republic of Mauritius**

Policy No.:

Premium Amount:

Payment Frequency:

Dear Sir/Madam,

I/ We, hereby agree to settle the arrears amount of Mur as follows:

AGREEMENT FOR SETTLEMENT OF ARREARS (tick as appropriate)

- Deduction from Fund Value
- Deduction from Cash Back
- Repayment agreement over months (from 1 to 6 months)
- Reduction in premium

List of documents to be enclosed is as follows :

- Amended Standing Order Form
- Change in application form
- Settlement of payment in arrears
- Policy contract

Signature of Policy Holder (A)

Signature of Policy Holder (B)

Name (A)

Name (B).....

Date: (dd/mm/yyyy)

Date: (dd/mm/yyyy)

Address:

Telephone: ResidenceOffice.....Mobile