



MATURITY 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 my/our maturity amount due on

B. 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:.....

Note: 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

How likely is it that you would recommend NIC to your family, friends or colleagues? Please cross the box

Satisfied

Not Satisfied

Not likely

1	2	3	4	5	6	7	8	9	10
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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:



NATIONAL INSURANCE COMPANY

Life & Pensions

FOR OFFICE USE ONLY

I, certify that policyholder(s) has/have signed the Maturity Encashment form in my presence at Date: (dd/mm/yyyy)

Signature of CSR: Designation: