

APPLICATION FOR LOAN AGAINST POLICY

Policy Number													Da	teL	DI		1 N	Y	Υ	Υ	Υ
Name of Policyholder																					
(Proposer)	Salut	ation				, FI	rst iva	ne				, ,	5	urn	arne						
Contact No.			: -1 -				J L	\perp													
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E-mail ID (Perso	nal) L																				
(Officia	al) LLL																				
All fields are mandator	y. (Atleast one conta	act no. is ma	indatory fo	or proces	ssing y	your req	uest. The	contac	ct deta	ils ment	tioned a	above	will be	eupd	lated f	orall	futur	e cor	nmui	nicati	on)
elA No.																					
Dear Sir / Madar	m,																				
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policy this form a			•	-				_		•	•										
Request you to g	grant me a loai	n of amი	unt as	selecte	ed be	elow:	-		-												
Amount Rs.	grant mo a roa					ords)			ı		ı		ı	ı	ı	ı	ı	I	ı		
				(.		,														1	
Or Maximum	n amount availa	able as lo	oan aga	ainst p	olicy.	<i>(</i> .															
Note: Company	will not be able	e to relea	ase the	payme	ent to	oward	ls your	requ	est i	n cas	e of p	remi	um	paid	d by	you	is p	en	ding	for	
realization from y pending realizati	your bank. Als ion.	o, you w	III not b	e entit	ie to	r any	penal	ntere	st or	acco	ount o	of del	ay i	n re	ieas	ing ·	tne	pay	out	aue	to
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	is policy, absol	lutely trai	nsfer ar	nd assi	gn th								' in fa	avo	r of t	he G	ien (erali	i Ce	ntra	l Life
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Generali Group's and Central Bank of India's liability is restricted to the extent of their shareholding in Generali Central Life Insurance Company Limited. Generali Central Life Insurance Company Limited (Formerly known as 'Future Generali India Life Insurance Company Limited') (IRDAI Regn. No.: 133) (CIN: U66010MH2006PLC165288). Regd. Office & Corporate Office address: Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083 | Email: care@generalicentral.com | Call us at 1800 102 2355 | Website: www.generalicentrallife.com

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INDEMNITY CUM UNDERTAKING AND TERMS & CONDITIONS

- 6. In the event of the failure to repay the loan when required or to pay interest, the policy shall be terminated by the Company without giving any notice, and the Company shall be entitled to apply the Surrender Value towards repayment of the interest, principal and expenses; balance remaining of the Surrender value, if any, shall be paid to the policyholder.
- 7. In the event of an application for a subsequent loan under the Policy, eligibility for such loan shall be calculated after taking into consideration the outstanding loan and interest, if any, on the existing loan and in no event the aggregate loan granted shall exceed the overall eligibility under the above Policy.
- 8. In case the Policy shall attain maturity or become a Claim due to death or any supplementary benefit and when the amount of the loan or any portion thereof is outstanding, the Company shall be entitled to deduct such an amount together with all interest upto the date of maturity, or of death, or of the event under the supplementary benefit; as the case may be from the Policy Moneys and balance only shall become due and payable.
- 9. I agree and undertake to reimburse the amount of any losses or liabilities arising out of any matter that may arise to the Company on account of any breach of any of the statutory provisions or terms of assignment by me in connection with this loan. I also agree and undertake to protect the Company, its representatives, officers, directors against any demand of whatsoever nature and /or any loss incurred by the Company in connection with any issue pertaining to the abovementioned policy and the amount of such losses/damages may be recovered from my estate.
- 10. I acknowledge that the assignment shall be completed and effectual only upon the execution of this endorsement.
- 11. I also acknowledge that the assignment shall not be operative as against the Company until a notice in writing of this assignment and either the said endorsement or the instrument itself or a copy thereof certified to be correct by both the assignor and the assignee or their duly authorized agent has been delivered to the specified office of the Company.
- 12. I hereby declare that receipt of benefits arising under the policy by the Assignee/ Company, shall be valid and sufficient for discharge of the said loan.

Signature of policy	/ holde	er																	
DECLARATION	FOR F	POLI	CYHO	OLDE	R SI	GNING	3 IN	VE	RNAC	UL	AR LAN	IGUAGE /	ТН	JMB	IMP	RES	SIO	N	
Name of Witness												Contact no	o.						

Signatı	ure of Witness	Signature / Thumb impression of Policyholder
Date		Date DDMMYYYYY

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