### Re: Documents to be submitted for processing of your claim regarding Policy No. .....

Please send us the following documents for considering the Maturity claim under the policy

- 1. Original policy document for cancellation
- 2. Discharge and no assignment form duly signed and witnessed.
- 3. Identity proof Documents of claimant **Any two** of the following self-attested documents, to be submitted.
  - a) Copy of latest passport with visa stamp.
  - b) Copy of resident permit or citizen card (CPR/IQAMA/AADHAAR etc) or civil-id card of the country of present residence (for which residence proof is being submitted)
  - c) Copy of driving license issued in the country of present residence.
  - d) PAN card in case of claimant who is Indian resident.
  - e) Voter card/Aadhaar card in case of claimant who is Indian resident.
  - 4. Residence Proof Documents of claimant—<u>Any one</u> of the following self-attested document to be submitted.
    - a. Copy of latest passport with visa stamp (If address for communication & address in the passport is same.)
    - b. Copy of Resident Permit or Citizen Card (CPR/IQAMA/AADHAAR etc) or Civil-Id card of the country of present residence (for which residence proof is being submitted)
    - c. Latest residence telephone bill in the name of the policyholder/claimant.
    - d. Latest electricity bill in the name of policyholder/ claimant.
    - e. Copy of latest bank statement showing the name and full address.
    - f. Copy of latest credit-card statement showing name and full address.

In case you want the amount to be transferred to your Bank account through telex transfer, then please send the following:

- 1. A blank cancelled cheque leaf or self-attested copy of a blank cheque leaf with name of customer and account number printed on the cheque leaf.
- 2. If cheque leaf is not available, self-attested copy of pages of passbook containing customer name and account number is to be submitted.
- 3. If both of above are not available, then please submit the latest copy of bank statement / passbook obtained from the bank with bank's seal on it.



رأس المال المدفوع ٢٠٠,٠٠٠ دينار بحريني س.ت.٢١٦٦ بناية علي الوزان، شارع الخليفة، ص. ب ٥٨٤، المنامة، مملكة البحرين. هاتف: ١٧٣١١٧٢١ ٩٧٣+, فاكس: ٧٧٣١١٥٧٧

### Paid up capital BD 20,000,000, C.R. No. 21606

Ali Al Wazzan Bldg., Al-Khalifa Avenue, P.O. Box 584, Manama, Kingdom of Bahrain. Tel.: +973 17210610, Fax: +973 17211577, Email: licintl@batelco.com.bh, www.licinternational.com

## MATURITY CLAIM DISCHARGE VOUCHER

	MATURED POLICY			
I, acknowledge receipt from the Life Inincluding Bonus amou above mentioned policy which matur	surance Corporation nt in full satisfactio	the (International) n of all my cla	life assured BSC(C) the S ims and demand	Sum of USD ls under the
Company to be cancelled.  Sum Assured/Paid-up value Vested Bonus Interim Bonus (If Any) Guaranteed Addition Loyalty Addition (If Any) Final Additional Bonus Misc Payments & Policy Deposit Gross claim amount LESS: -	USD			
Unpaid Premiums Interest on Unpaid Premium Outstanding Loan Outstanding Loan Interest X-Charge Other Deductions Net Amount Payable I hereby declare that I have not assig to anyone nor shall serve on the compthe maturity benefit.  Dated at	pany any notice of as	nsurance Corpo	ssignment before	
Nam Witness Signature: Name : Address :	ne of the Life Assured		gnature of the Li	
	Tick one only ✓)	TT / DD / C	HEQUE (Tick or	ne only ✓)
U.S. DOLLARS SAUDI RIYALS BAHRAIN DINARS INDIAN RUPEE		***Telex Transfer **Cheque DD		
UAE DIRHAMS KUWAIT DINARS QATAR RIYALS		***	Please comple submit Anne	xure-I
OMANI RIAL ANY OTHER CURRENCY (PLEASE SE	PECIFY)	**	BD, KD, AED, Q Only	R & OMR

Note: This is an advance receipt and is valid only after issuing Cheque/DD by LIC (Int'l).

# Annexure – I

# For all "Bank to Bank" Telex Transfers

Kindly provide us the following details, which are mandatory data required for the International fund transfers.

For "INR" telex transfer		For "other Currency transfer" (Please Tick one only ✓)						
		USD	CAD	AUD	GBP	SAR	Others	
1	Beneficiary Name		Benefic Nam	-				
2	Beneficiary 's IBAN/Account No		Beneficiary IBAN/Account No					
3	Bank Name & Branch details		Beneficiary's bank details & Swift code					
4	IFSC		Correspo Bank ( Interme bank de & Swift o	(or) ediary etails				
5	Other details, if any, required to be mentioned in the Telex Transfer instruction to the bank		Other do if an required mention the Te Trans instruction the ba	y, to be ned in elex fer ion to				

Signature of Life Assured(s)