



رأس المال المدفوع ٢٠,٠٠٠,٠٠٠ دينار بحريني س.ت: ٢١٦٠٦
بناية علي الوزان، شارع الخليفة، ص. ب: ٥٨٤، المنامة،
مملكة البحرين. هاتف: +٩٧٣ ١٧٢١٠٦١٠، فاكس: +٩٧٣ ١٧٢١١٥٧٧

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

Re: Policy No -

In order to enable us to release the payment, we would request you to send the following immediately :

1. **The Original Policy document for endorsement**
2. **The enclosed Discharge & No-assignment form duly signed & witnessed**
3. **Self-attested recent Passport copy/ ID Proof for signature verification.**
4. **In case you want the amount to be transferred to your Bank account through telex transfer, then please send the following:-**

a) 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.

b) If cheque leaf is not available, self-attested copy of pages of passbook containing customer name and account number is to be submitted.

c) 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.

It will therefore be highly appreciated if you can send the above requirements in such a way so as to enable you to get the Survival Benefit amount for the above policy on time.

Thanking you and awaiting above requirements per return post to render prompt service to you.



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**DISCHARGE FORM FOR SURVIVAL BENEFIT UNDER
 CASH BACK AND CASH & ADDED COVER**

Policy No. Date of Commencement:.....

S.A:

On the Life of(Name of Life Assured)

I, the Proposer / Life Assured do hereby acknowledge receipt from the Life Insurance Corporation (International) B S C (C) the sum of USD in full satisfaction of all my claims and demands in respect of the following payment under the above policy in terms of the policy contract for which the policy is hereby delivered for Endorsement.

1. 20%/25% of Sum Assured which fell due: USD..... on(Due Date)

LESS:-

Unpaid Premiums : USD.....
 Interest on Unpaid Premium : USD.....
 Other Deductions : USD.....
 Total Deductions : USD.....
Net amount payable : USD.....

I hereby declare that, I have not assigned the above Life Insurance (Int't) B S C (C) policy to any one nor shall I serve on the company any notice or assignment or reassignment before payment of the Survival Benefit.

Dated at on the day of 201.....

.....
 Signature of the Life Assured

Witness

Signature:
 Name :
 Address :

Tel. No.

CURRENCY OPTION (Please **Tick** one only ✓)

TT / DD / CHEQUE (Tick one only ✓)

U.S. DOLLARS	
SAUDI RIYALS	
BAHRAIN DINARS	
INDIAN RUPEE	
UAE DIRHAMS	
KUWAIT DINARS	
QATAR RIYALS	
OMANI RIAL	
ANY OTHER CURRENCY (PLEASE SPECIFY)	

***Telex Transfer	
**Cheque	
DD	
***	Please complete and submit Annexure-I
**	BD, KD, AED, QR & OMR Only

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		Beneficiary Name				
2	Beneficiary’s IBAN/Account No		Beneficiary IBAN/Account No				
3	Bank Name & Branch details		Beneficiary’s bank details & Swift code				
4	IFSC		Correspondent Bank (or) Intermediary bank details & Swift code				
5	Other details, if any, required to be mentioned in the Telex Transfer instruction to the bank		Other details, if any, required to be mentioned in the Telex Transfer instruction to the bank				

Signature of Life Assured(s)