

To,

ALFASTAR INDIA NIDHI LIMITED

Reg. & Corp. Address : SHOP NO.2 TYOD SAMBHAR LAKE PHULERA JAIPUR RAJ-303604 Helpdesk : 7413803330,31,32 Email : helpdesk@alfastarindia.in Web : www.alfastarindia.in

Application For Collateral Assignment

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 Instructions The Company does not express any opinion on the validity or legality of the assignment Assignment or collateral shall be subject to provisions of sec 38 of Insurance Act 1938 In case of assignment in favour of Financial Institution/Bank, the Financial Institution/Bank should affix its stamp and should be countersigned by itsauthorized signatory In case the policy is assigned to a person other than a Relative and Bank/Financial Institution, Assignor shall invariably mention value of Consideration received for Assignment of policy. Only collateral for loan purpose if default repay of loan amount. If Customer repay loan amount complete, our institution send to insurance company "Memorandum of Release" for pledge bond deactivate. 																							
Policy Details Notice of Assignment																							
Policy No.:													Da	ate:	D			M	M	Υ	Υ	Υ	Y
Name of the Policy Holder:																							
Contact No.:							En	nail II	D:														_
Details of Assignee (Assign	Details of Assignee (Assignee is any person/institution in whose favour the policy is assigned)																						
Name of the Assignee:								, 															
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Address:																							
Contact No.:							En	nail II	D: [
Assignee Type:																							
Institution (NBFC) Regulated Institutions (by MCA) NIDHI Company under act 2013																							
KYC: (a) Identity Proof (c) Proof of source of	of funds			(b) C	ertifica	ite of Ii	ncorp	oorati	ion	_													
I have received a sum of the assignee for the ass I have received a loan the assigneebearing load. I have assigned the policy. The original policy documen document to the above assignees assignee the policy.	ignment. amount of Rs. an account no cy out of love an nt is sent herev	(after Insuder	and have	proval) not rec	eived a	ıny cor	ıside	ratior	n fro	m th	e as:	sign	nee.	•		ocur	men		(Ruj	pees	erations_) f	rom	
Branch Name (Assignee)		Branch (As													Signature of Assignor/policyholder^ ^With official stamp in case of institutions								



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Use Only Insurance Company Approval with valuation of Policy for Loan Amount

Policy No.:																														
I/We,										t	he	with	in n	named	l hol	der	of					_ F	Policy	No	o					for
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the money secured to successors and declare that t	d							1	- /				w	hose	add	ress	SIS			11		1			- 11			and	nis/r	er
	ne re	eip;	t or	tnes	said	pers	on c	or ni	ıs/nei	su	cces	SSOI	's or	assig	ns sn	ıalı c	oe a	good	anc	ıvaı	ıa aı	scr	narge	tor	all m	ionie	s pa	iyabie	un	aer
the policy.																														
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Sum Assured	• • • • •		• • • •	••••	• • • •		• • • •	5	urre	ena	ier	va	ue		• • • • •				• • • •		I III L	Ja	te	• • • •	./	/	· · · · ·		• • • • •	-
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Name (Insurance Company	/)			(B	ranc	h Na	ame	&C	Code)				Signature of Approval *With official stamp														/polic se of ir		
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Date:	ate: Place:																													
Witness																														—
The assignor has executed the	he er	ndors	sem	ent	on th	ne po	olicv	ı. Tr	ne sic	ınat	ture	/ thi	dmu	impre	oiss	n is o	of th	ne ass	siano	or ar	nd he	e/s	he ha	ıs af	ffixe	d it in	mv	prese	ence	on
the date and time stated above	ve.						,			,																	,			
Name & Address of witness:					1																									
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Occupation					Ш																									
Contact No.:																			Signature of Witness											
Contact No.:																									<u>چ</u>		<i>.</i>			
Declaration when the policy	hold	ler l	has	affi	xed	his/	her	thu	ımb i	mpi	ress	ion	or h	nas si	gned	in	a la	ngua	ge d	the	r tha	ın t	he Er	nglis	sh					
I hereby declare that I have	expl	laine	d th	ne co	onte	nts c	of th	is fo	orm t	o th	ne a	ssic	nor	in				la								nor h	as a	affixe	d his	/her
signature/Thumb impressio	n on	the fo	orm	ıinm	ny pr	ese	nce,	, aft	er ful	ly u	nde	rsta	ndin	ng the	conte	ent t	her	eof.	0	Ü					J					
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