

# Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA  
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

## CONSENT FORM FOR POLICY CANCELLATION

Date:

To,  
Aditya Birla Sun Life Insurance Company Limited (ABSLI)  
G-Corp Tech Park 6th Floor,  
Kasarwadavali, Ghodbunder Road,  
Thane - 400601

Dear Sir/Madam,

**Subject: Consent Form For Policy Cancellation**

I, \_\_\_\_\_ (name of policy holder) provide my consent for cancellation of policy number \_\_\_\_\_ and refund of the net amount payable to me, if any, after necessary deductions. I understand that there will not be any further claim payable to me on cancellation of the captioned policy and no further changes can be done in the policy contract.

Thanking you  
Yours sincerely

\_\_\_\_\_  
Signature  
(Name of Policy owner)

Aditya Birla Sun Life Insurance Company Limited  
(Formerly known as Birla Sun Life Insurance Company Limited)  
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,  
16<sup>th</sup> Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,  
Elphinstone Road, Mumbai - 400013  
+91 22 6723 9100 | CIN: U99999MH2000PLC128110  
www.adityabirlasunlifeinsurance.com

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1800-270-7000