Birla Sun Life
Insurance

Discharge Receipt

BIRLA SUN LIFE INSURANCE COMPANY LIMITED
DISCHARGE- RECEIPT

(To be signed by the Policyholder and returned to Birla Sun Life Insurance immediately)

We, _____
_____

hereby acknowledge receipt from Birla Sun Life Insurance Company Limited, an amount of Rs._____(Rupees_____ _____only) in full satisfaction and discharge of_____(number) claim/s as per list attached, under Group Policy No. _____ as per following details:

Sr. No.	Type of Coverage	Amount (in Rs.)
1.	**Life Insurance Coverage**	
2.	**Accidental Death & Dismemberment Rider**	
3.	**Critical Illness Rider**	
4.	**Term Rider**	
5.	**Gratuity**	
6.	**Commuted value under Superannuation**	
7.	**Account Fund after Commutation, if any**	
8.	**Refund of Deposit/Contribution/Premium**	
TOTAL Rs.		

Date:
Place:

Revenue Stamp Re.1/-

Signature of Witness: _____

Name of Witness: _____ **(Signature of Policyholder)**