

CONTRIBUTION SLIP			
MASTER POLICY NO.:		MASTER POLICY HOLDER NAME :	
NAME OF SCHEME (Gratuity / Superannuation / Leave Encashment) /		DETAILS OF CONTRIBUTION:	1. Past Service Liability <input type="checkbox"/> 2. Annual Contribution <input type="checkbox"/>

PAYMENT DETAILS:

Payment Mode (Cheque / DD / Fund or Electronic Transfer)	Cheque No/ DD NO/ Transaction ID (Online transfer/NEFT/RTGS)	Details of Cheque / DD /
Amount (in ₹)	_____ (in words)	

DATE:

PLACE:

SIGNATURE OF TRUSTEES /AUTHORIZED SIGNATORIES

- Name of the Trustees/Authorized Person: _____
- Signature of the Trustees/Authorized Person: _____

Declaration, if this form is signed in Vernacular/Thumb Impression:



I hereby declare that I have explained the contents of this form to the Policyholder Mr/Mrs/Ms _____ in _____ language and that the Policyholder has affixed the thumb impression(s)/signed in language other than English in my presence after fully understanding the contents thereof.



Name of Declarant _____ Signature _____ Date _____ Place _____

Instruction & Disclaimer:

- Kindly fill in the details in English only.
- In the event of any disagreement in interpreting the content, English version will prevail.

Canara HSBC Life Insurance Company Limited
 (formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) **IRDAI Regn. No. 136**
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Corporate Identity No: U66010DL2007PLC248825

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