Annexure 3

Premature Closure Request – Critical Illness

Date : _____

To :

_____

_____

_____

_____

Dear Sir / Madam,

Sub : Certificate No_____in the name of_____

for Rs_____

I / We kindly request that the above certificate be pre-closed within the 3-month lock in period due to the following Critical illness _____ (as covered under IRDA Guidelines).

I / We fully understand that no interest will be paid upon the premature closure of the aforementioned deposit.

Please find attached the Medical Certificate from a Registered Medical Practitioner for your records

Yours faithfully.

1._____ 2._____ 3. _____

Signature of 1st depositor Signature of 2nd depositor (if any) Signature of 3rd depositor (if any)