

Chartered Life

Secured Life

(CS Form-04)

DUPLICATE DOCUMENT ISSUE APPLICATION FORM

Date: _____

Policy No:

Insured Name:

(Capital Letter)

Declaration:

My original document/deed has been lost or spoiled. So, I request to issue duplicate document according to company's rules.

Signature of Insured / Policy Owner

Mobile Number of Insured / Policy Owner

Witnessed By:

(UM/Above)

Name

Signature

Code No

For Head Office Use Only:

Record Verified & Processed By

Please submit the following documents with the form:

01. Application Form
02. GD entry copy.
03. Advertisement on daily newspaper regarding lost document.
04. Definite stamp fee on Face Amount.
05. Document rewriting fee Tk. 100/=
06. Declaration on non-judicial stamp for Tk. 300/= regarding lost Documents.

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