

Chartered Life

Secured Life

(CS FORM-07)

APPLICATION FOR REINSTATEMENT FOR RE-DATING

Policy No : _____

I hereby request that the above quoted policy on my life may be reinstated under the company's Re-dating plan thereby altering:

a. The date of its issue to _____

b. The date of maturity to _____

c. The premiums payable for full _____ years.

d. The due dates are under _____

SCHEDULE

	<u>ANNUAL</u>	<u>SEMI-ANNUAL</u>	<u>QUARTERLY</u>
Reg. Life	Tk. _____	Tk. _____	Tk. _____
	Tk. _____	Tk. _____	Tk. _____
	Tk. _____	Tk. _____	Tk. _____
	Tk. _____	Tk. _____	Tk. _____
	Tk. _____	Tk. _____	Tk. _____
Total Tk	=====	=====	=====
Due Dates	_____	_____	_____
		_____	_____

The other terms and conditions of the policy to remain unaltered.

Name & Signature of FA/Above/ Medical Examiner with SEAL and ID No.

Full Name & Signature of the Applicant

Signed at _____ Day _____ Month _____ Year _____

For Head Office Use Only:

Verified & Processed By