

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us at 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

Repatriation Request- Customer Declaration						
I, <	;	name	_>, S/W of		,	
ag	∌d	, permanently residing at				
nov	w residinç	g at				,
do	hereby s	solemnly affirm and state as follows that:				
> Ins	I am the urance C	e owner of Life Insurance policy bearing N Company Limited (hereinafter referred	lo I to as "MetLife").	issued	d by PNB MetLife India	
> I had paid a total premium of Rsthrough NRE a/c mentioned below for a years.						
	SL NO	BANK NAME & BRANCH NAME	COMPLETE BANK A	/C NO (NRE)	TOTAL PREMIUM PAID	D
ı	1					_
1	3					
\wedge	I have applied for < > (payout request) for the above-mentioned policy and have requested PNB MetLife India Insurance Company to issue the payout value along with a repatriation letter. I understand and confirm that PNB MetLife is willing to issue a repatriation letter to me solely relying on my above-mentioned representation.					
>	I hereby agree to indemnify and hold harmless PNB MetLife against any loss, injury, claim or against any action that may be taken against PNB MetLife on account of PNB MetLife issuing the above-mentioned repatriation letter to me.					
Da	ted:	_/				
Wh	ıat is statı	ed above is true to the best of my knowle	edge, information and b	pelief and I have	stated the entire truth.	
			L			
			\$	Signature of Pol	icy Owner/ Assignee	

^{*}Please attach Bank's Certificate with this Declaration