

**Customer Declaration for Submission of Policy Loan Request**

To,  
PNB MetLife India Insurance Co. Ltd.

Dated: DD/MM/YYYY

I/, \_\_\_\_\_, the Policy holder/ Life Assured hereby declare that the below mentioned details for the purpose of processing my loan request are true and correct and that the same shall not be contested by me in the future. Further, I am submitting the requisite documents as applicable for further processing the request. I request PNB MetLife to process my loan request basis the documents, information, statements and disclosures given by me.

- Please grant me a loan of o Rs. \_\_\_\_\_ (Amount in number) and \_\_\_\_\_  
(Amount in words) **OR**
- Maximum amount permissible under the policy

1. Policy Number(s): \_\_\_\_\_
2. Policyholder/Assignee Name: \_\_\_\_\_
3. Policyholder name as per Bank records : \_\_\_\_\_
4. Policyholder name as per Policy records: \_\_\_\_\_
5. Bank and Branch Name: \_\_\_\_\_
6. Bank Account Number: \_\_\_\_\_
7. Bank Account Type\*\*: \_\_\_\_\_
8. IFSC Code: \_\_\_\_\_
9. MICR Code: \_\_\_\_\_

\*\*In case of NRI customer, please provide the Customer Declaration- Repatriation Request & Bank Certificate evidencing all premiums payments through NRE account OR Bank statement reflecting all premium paid entries

**Declaration for Conditional Assignment:**

I, the holder of the above-mentioned Policy issued by PNB MetLife India Insurance Company Limited (the Company), do hereby assign the rights and benefits of the said Policy in favor of the Company for a valuable consideration. I acknowledge that the assignment shall be complete and effective only upon the execution of this endorsement and disbursement of the consideration. I hereby declare that, the receipt of benefits arising under the policy by the Company, shall be valid and sufficient discharge of the said loan.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_ at \_\_\_\_\_

**Authorization Details: (To be filled only in case service request is submitted to PNB MetLife Representative) -**

Authorized Representative Name: \_\_\_\_\_  
Relationship of Policyholder with person authorized to submit request: \_\_\_\_\_

\_\_\_\_\_  
Signature/Thumb impression of Policyholder / Life Assured  
Contact Number - \_\_\_\_\_