



Life Insurance Corporation of India
FIJI OPERATIONS

SERVICE REQUISITION FORM

(For services listed below)

OFFICE: SUVA LAUTOKA
(Please tick the office where your policy is being serviced)

POLICY No..... Life Assured..... 	<p align="center"><u>INFORMATION NEEDED IN RESPECT OF SALARY DEDUCTION CASES</u></p> FNPF No..... EDP/Employee No Employer's Name.....
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I request for the following service. (Please tick the relevant box, fill up your policy number, and other particulars before you submit or mail/ fax this letter to the address/ fax number furnished at the bottom of this form)

- Provide me with a Quotation for the first/ further *Policy Loan* available.
- Provide me with a Quotation for *Surrender Value* available on my policy.
- Provide me a Quotation for *Reviving* my policy which has lapsed due to non-payment of premium.
- Provide me with a *Certificate of Premium Payment* for the year
- Change the mode of payment of premium to Yearly/ Half Yearly/ Quarterly/ Monthly/ Bi-Monthly/ Fortnightly/ Weekly (Underline the relevant. FNWeekly/Bi-Monthly/ Monthly modes are available under Salary deduction scheme only).
- Reduce the term of the policy from years toyears.
- Pay me the *Discounted Claim* (I understand that by opting for the discounted claim I shall be foregoing the *Terminal Bonus that may be payable on maturity of the policy*).
- Reduce the Sum Assured* from F\$..... to F\$
- There has been a change in my address. Please update your records:

OLD ADDRESS	NEW ADDRESS

Yours sincerely

(Signature of the Life Assured/Assignee)

Name:

Date:

SUVA OFFICE

GPO Box 266
LICI House,
11 Butt Street
SUVA
Phone: 3314011 Fax: 3302662

LAUTOKA OFFICE

LICI Branch Office
5 Tui Street
LAUTOKA
Phone: 6651923 Fax: 6651984