



Life Insurance Corporation of India
FIJI OPERATIONS

MEMORANDUM OF TRANSFER OF POLICY

OFFICE: SUVA LAUTOKA

POLICY NUMBER..... Name of the Life Assured.....

Date of Transfer	
Signature of the Transferor	
Witness	
Specify the reasons for transfer e.g. natural love and affection, valuable consideration, etc	
In case of conditional assignments only specify the contingency upon which the transferee reserves the right to receive the payments specified in the policy	
T R A N S F E R E E	Name in Full
	Father's Name
	Address
	Occupation
Signature of the Transferee	
Witness	
Date of registration of Transfer	
Signature and Seal of the Authorised Officer of LICI	