

FLC Request Letter

Date: _____

SBI Life Insurance Company Ltd,
Branch _____

Dear Sir,

Re: Request for Free look Cancellation for Policy Number _____

The captioned Policy Document is received by me as on _____.

I am not satisfied with the terms and conditions of the policy. I therefore request you to kindly cancel my policy under the Freelook Cancellation and refund the premium as per the rules. The Original Policy Document along with the First Premium Receipt is attached.

Please do the needful.

Yours faithfully,

Signature of the Policyholder
Name of the Policyholder _____

Signature of the Witness _____
(Applicable only when Policyholder has signed in vernacular language or thumb impression)

Name of Witness _____
Address of Witness _____

