

APPLICATION FOR REINSTATEMENT FOR RE-DATING

Policy No : _____

I hereby request that the above quoted policy on my life may be reinstated under the company's Re-dating plan thereby altering :

- a. The date of its issue to _____
- b. The date of maturity to _____
- c. The premiums payable for full _____ years.
- d. The due dates are under :

SCHEDULE

ANNUAL

SEMI-ANNUAL

QUARTERLY

Reg. Life	Tk. _____	Tk. _____	Tk. _____
	Tk. _____	Tk. _____	Tk. _____
	Tk. _____	Tk. _____	Tk. _____
	Tk. _____	Tk. _____	Tk. _____
	Tk. _____	Tk. _____	Tk. _____
Total Tk :	_____	_____	_____
Due Dates :	_____	_____	_____
		_____	_____

The other terms and conditions of the policy to remain unaltered.

Name & Signature of FA/UM/BM/ASM/ Medical Examiner with SEAL and ID No.

Full Name & Signature of the Applicant

Signed at : _____ this _____ day of _____ 201