

## Transfer of Policy Record

If you want to transfer record of your policy from current servicing zonal office to other of your convenience, please fill out following form:

Policy No:

Policyholder's Name:

Date of Birth:

NIC No:

Address:

Email Address:

Tel: (Res):

(Off):

(Cell):

Name of the [zonal office](#) where record is to be transferred:

Submit

Your request for transfer of record is noted and after examining the possibility of affecting the desired transfer, our Policyholders Service Department will contact you soon for further requirements.