



PLAN CANCELLATION FORM UNDER FREE LOOK PERIOD

I _____ Plan Holder of SALAMA Plan
 No. _____ want to cancel this Plan within Free Look Period since inception due to (Reason)
 _____. SALAMA can initiate refund of paid Contribution
 amount by Cross Cheque / Bank Transfer drawn in my favor / credited in my Bank Account as mentioned in Standing Instruction
 submitted at the time of processing Application.

I certify that cancellation of this Plan will discharge SALAMA from all liabilities and claims arising under this Plan since inception.
 I also certify that I am entitled to the proceeds of the Plan and no other person has rights to the Plan. I herewith return the original
 Plan documents to Bank / SALAMA.

Plan Holder's Name: _____

Signature : _____

(Please affix your signature as per the Application Form)

Date: _____

For Bank use, if cancellation is forwarded through Bank

Authorized Bank Official Name: _____

Authorized Bank Official Signature: _____

Bank Stamp & Date: _____

Note:

- This form is not acceptable if not accompanied with original Plan Documents.
- SALAMA will refund all the post dated cheque(s) along with cancellation refund cheque of this Plan, if any.
- A charge of AED 25 is applicable for Bank transfer.