

## Renewal Request Form

To:  
Allied Insurance Company of the Maldives Pvt. Ltd.,  
2<sup>nd</sup> Floor, Fen Building, Ameenee Magu,  
Male'.

Date: .....

Dear Sir/Madam,

We acknowledge receipt of your Renewal Reminder on;

Policy/Endt. No .....

And have marked accordingly the following;

Please renew the policy on expiration date:                      Yes                       No

Please change amount of insurance to MRF/US\$ .....

Like to apply for the Installments;                      Yes                       No   
( Terms and Conditions Apply )

No. of Installments:                       (Maximum 4 Installments)

There have been changes, please re-inspect:                      Yes                       No

Please contact us to discuss this insurance:                      Yes                       No

Yours Sincerely

.....

Signature/Company stamp

Contact Name: .....

Mob/Tele: ..... Fax: ..... E-Mail Address: .....

Current Address: .....