

REQUISITION FORM
(For CSC Department)

Date: ____/____/____

Name: _____	Designation: _____
Sales / Agency Name: _____	Code: _____

To
Assistant Manager
Customer Service & Claims Department
Chartered Life Insurance Company Limited
Head Office, Dhaka.

Subject: Requisition for DGH/MER and other forms for policy servicing & claims.

Dear Sir,

Please provide the following items for the above mention office.

Sl. No.	Item Names	Quantity
01.		
02.		
03.		
04.		
05.		
06.		
07.		

Signature of BM/SE/ASM

Approved By

Distributed By

