



Allied Insurance Company

## Renewal Request Form

މަލްދީވު ބިލްޑިން ޕްރައިވަޓް ލިމިޓެޑް

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;  
( Terms and Conditions Apply )      Yes       No

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

Insured/Assured Name: \_\_\_\_\_

Contact Person/Agent/Broker: \_\_\_\_\_ Mobile/Tele: \_\_\_\_\_

Current Address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_