



THIRD PARTY RELEASE FORM

STRICTLY WITHOUT PREJUDICE

I

In consideration of the payment of US\$

herby release and forever discharge for myself, my heirs, executors, administrators and assigns

CELL INSURANCE COMPANY PRIVATE LIMITED / and

of and from all claims, damage, actions or suits at law of whatever kind of nature for or because of any matter or thing done, omitted / or suffer to be done by me / us prior to including the date hereof and particularly on account of all injuries to property resulting or which future result from accident which occurred on/or about the day of , 20

And I hereby release **CELL INSURANCE COMPANY PRIVATE LIMITED**

and /

And all other persons above discharged by me against claims for loss by any persons whatsoever arising directly or indirectly out of any injury suffered by me to person or property as a direct or indirect result of the said accident. I acknowledge that I have not been induced to sign this Discharge and I will not be entitled to a cancellation of this statement on any grounds whatsoever.

Dated at: this day of , 20

Third Party signature:

SIGN HERE

Witness signature:

SIGN HERE

OFFICIAL USE ONLY

Banking Details

Account name:

Bank:

Bank:

Amount number:

Authorisation

Authorised by:

Designation:

Signature: SIGN HERE

Date: