

LIFE INSURANCE CORPORATION OF INDIA

To be stamped Rs. _____ at the stamp office or
Collector's Office BEFORE EXECUTION or to be copied out
On a non-judicial stamped Paper of equal value.

To all to whom present shall come

(Name of Payee/all Payees)

(Place of residence of Payee/Payees)

_____inhabitants send
Greetings whereas a Policy of Insurance Numbered _____ for Rs. _____ was
granted on _____ by the Life Insurance
Corporation of India, established by the Life Insurance Corporation Act 31 of 1956 (hereinafter referred to as
the Corporation) on the life of _____

(Name of Policyholder)

And WHEREAS _____ which was in
_____ (Policy No.)

Possession of _____ has been lost or misplaced
(Name of Policyholder)

And whereas the said Corporation has on the said _____

(Name of Payee/all payees)
undertaking to enter into with the said Corporation a covenant of the nature herein after appearing, agreed
to pay the said _____

(Name of Payee or Names of Payees)

_____ the value of the said Policy viz.
Rs. _____ now known and these presents witness that in pursuance of
the said _____

(Name of Payee or Names of Payees)

(the receipt whereof is hereby acknowledged) they the said _____
(Name of the Payee/Payees)

_____ to hereby for themselves, their heirs, executors or administrators Covenant with the said Corporation, its
successors and assigners, that they the said _____

(Names of Payees)

_____ their heirs, executors or administrators will from time to time and at all times save and keep harmless and
indemnified the said Corporation its successors and assignees of and from all actions, suits, costs, claims
and demand of whatever nature and kindsoever which may be instituted, preferred, claimed or made against
the said Corporation, its successor or assignees by any person or persons by reason of his, her their
possession of or right to the said original.

(Pol. No. _____)

by reason of anything in relation to the premises.

In witness whereof the said _____
(Name or Names of Payee/s)

have hereunto put his/her hands at _____ this day of _____ 200_____
Signed and delivered the said _____
(Name or Names of Payees)

In the presence of : _____ 1) _____
Signature of Payee/s

W I T N E S S E S S	1) Full Signature of witness _____
	Name of witness _____
	Designation _____
	Address _____

	2) Full Signature of witness _____
	Name of witness _____
	Designation _____
	Address _____

1) _____
Signature of Payee/s

Note : If this Bond is signed in Vernacular one of the attesting witness should be requested to certify that the contents of this Bond were explained to the party in vernacular before execution, Illiterate Person must affix their thumb impression which should be attested by Magistrate, S.E.M. a Gazetted Officer, a Block Development Officer or Class Officer of the Corporation Provided he is fully satisfied about the identity of the claimant.