



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

_____ Divisional Office

(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 these presents shall come

(full names and addresses of the policy holder, Assign and surety)

Inhabitants send Greetings WHEREAS A Policy/Policies of insurance Numbered _____
for Rs. _____ was/were granted on _____ by
LIFE INSURANCE CORPORATION OF INDIA, (hereinafter referred to as the Corporation), on the life
of _____ AND WHEREAS the said

(Full Name of Assured)

_____ solemnly affirming that the
(Full Name of Assured)
said Policy/ies No/s _____ which was/were lost _____

(Brief statement of circumstances of loss)

was/were not assigned, mortgaged or dealt with in any other manner except for any assignment, notice of
which may have already been given to the Corporation and undertaking to return to the Corporation the
original policy if the original policy/ies is/are recovered subsequently AND WHEREAS the said
Corporation has on the said _____

(Name of Policyholder, Assignee and Surety)

undertaking to enter into with the said Corporation a Covenant to the nature hereinafter appearing agreed to
issue to him the said _____

(Name of Policyholder)

the duplicate of the said policy/ies No/s _____ NOW KNOW YE AND THESE
PRESENTS WITNESS that in pursuance of the said agreements and in consideration of the said
Corporation having at or before the execution of these presents agreed to issue the duplicate of the
policy/ies _____ to the said _____

(Name of Policyholder)

they the said _____

(Names of Policyholder, Assignee and Surty)

_____ their heirs, executors or administrators
will from time to time and at all times save and keep harmless and idemnified the said corporation, its
successors and assigns of and from all actions, suits, costs, claims and demands of whatever nature and
kind so ever which may be instituted, preferred, claimed or made against the said Corporation, its
successors or assigns by any person or persons by reasons of his, her or their possession of or right to the
said original policy/Policies No/s _____ and
reason of anything in relation to the premises.

IN WITNESS WHEREOF the said _____

(Names of Policyholder, Assignee and Surety)

have hereunto put their hands at _____ this _____ day of _____ 2000

Signed and delivered by the within named

1) _____
(Name of Policyholder)
2) _____
(Name of Assignee)
3) _____
(Name of Surety)

1) _____
(Signature of Policyholder)
2) _____
(Signature of Assignee)
3) _____
(Signature of Surety)

In the presence of

Designation _____

WITNESSES :

1) Full Signature of witness _____
1) Full Name of Witness _____
Occupation _____
Designation _____
Address _____

Occupation _____
Address _____

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

Note:- If this Bond is signed in any Regional Language one of the attesting witnesses should be requested to certify that the contents of this Bond were explained to the party in the Regional Language before execution.