

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 \_\_\_\_\_ of 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 Possession of \_\_\_\_\_ (Policy No.) \_\_\_\_\_ has been lost or misplaced (Name of Policy Holder)

And whereas the said Corporation has on the said \_\_\_\_\_ (Name of the Payee/all payee)

Undertaking to enter into with the said Corporation a convenient of the nature hereinafter 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 and in pursuance of said \_\_\_\_\_ (Name of Payee/Name of Payees) (the receipt whereof is hereby acknowledged) they the said \_\_\_\_\_ (Name of Payee/Payees)

\_\_\_\_\_ to hereby for themselves, their heirs. Executors or administrators Covenant with the said Corporation. Its successors and assignees that they said \_\_\_\_\_ (Name of Payee/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 kinds ever which may be substituted, preferred, claimed or made against the said Corporation as successor or assignees by any person or persons reason of his /her their possession of the right to the said original (Pol. No. \_\_\_\_\_)

By reason of anything in relation to the policy.

\_\_\_\_\_  
\_\_\_\_\_  
In witness whereof the said \_\_\_\_\_  
(Name or Names the Payee/s)  
Have hereinto put his/her hands at \_\_\_\_\_ this day of \_\_\_\_\_ 200 \_\_\_\_\_.  
Signed and delivered the said \_\_\_\_\_  
(Name or Names the Payee/s)  
\_\_\_\_\_

In the presence of :

1) \_\_\_\_\_  
Signature of Payee/s

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1) Full Signature of witness \_\_\_\_\_  
Name of the witness \_\_\_\_\_  
Designaton \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
Signature of Payee/s

2) Full Signature of witness \_\_\_\_\_  
Name of the witness \_\_\_\_\_  
Designaton \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

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**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 1 Officer of the Corporation Provided he is fully satisfied about the identity of the claimant.