

To be Stamped Rs..... at the Stamp Officer on Collector's Office  
Before execution or to be copied out on a non-Judicial Stamp paper of equal Value

TO ALL TO WHOM these presents shall come ..... (Full Names and)

Addresses of the Policyholder, Assignee and

(Sureties)

inhabitants send Greeting WHEREAS a Policy of Insurance Numbered

for Rs ..... was granted on

by the LIFE INSURANCE CORPORATION

OF INDIA (hereinafter referred to as the Corporation) on the life of .....

(Full Name of Assured)

AND WHEREAS the said Policy

No ..... which was in the possession of .....

(Names of Policyholders, Assignee and Sureties)

has been lost or misplaced AND WHEREAS the said Corporation has on the said

undertaking to enter into with the said Corporation a Covenant of the

nature hereinafter appearing agreed to him the said .....

(Names of Policyholders)

the duplicate of the said policy No. .... NOW KNOW YE AND THESE PRESENTS

WITNESS THAT in pursuance of the said agreement and in consideration of the said Corporation having at or before

the execution of these presents agreed to issue the duplicate of the said Policy No. ....

to the said ..... they the said

(Names of Policyholders)

do hereby for themselves,

(Names of Policyholders, Assignee and Sureties)

their heirs, executors or administrators Covenant with the said Corporation its successors and assigns that they said

(Names of Policyholders, Assignee and Sureties)

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 assigns of and from all actions, suits, costs, claims and demands of whatever nature and kind so every which may be instituted, preferred, claimed or made against the said Corporation its successors or assigns by any person or persons by reason of his, her or their possession of or right to the said original Policy No ..... and by reason of anything in relation to the premises

IN WITNESS WHEREOF the said .....

(Names of Policyholders, Assignee and Sureties)

..... have hereunto put their hands at .....  
this ..... day of .....200

Signed and delivered by the said (1) .....  
(Name of Policyholders)

(2) .....  
(Name of Assignee)

(3) .....  
(Name of Surety)

(4) .....  
(Name of Surety)

In the presence of :

1. ....  
Policy Holder's Signature

WITNESSES :

Full Signature of  
Witness .....

2. ....  
Assignee's Signature

Name .....

Designation.....

3. Signature of  
the Surety .....

Address .....

Designation .....

Full Signature of  
Witness .....

Address .....

Name .....

4. Signature of  
the Surety .....

Designation .....

Designation .....

Address .....

Address .....

Note : 1. If this Bond is signed in vernacular one of the attesting witnesses should be requested to Certify that the contents of this Bond were explained to the party in Vernacular before execution.

2. The parties to the Bond should also sign at the end of each page