



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

DECLARATION

I/We agree to notify the officer accepting this application and registering my/our names on list of Firms/ Suppliers/ Service Providers/ Vendors of Life Insurance Corporation of India, of any changes in the foregoing particulars as and when they occur and to verify and confirm these annually on 1st January. I/We understand and agree that the appropriate Life Insurance Corporation of India Authority has the right as he may decide, not to issue tender form in any particular case and also to suspend, remove or blacklist my/our name from Life Insurance Corporation of India list of Firms/ Suppliers/ Service Providers/ Vendors in the event of my/our submitting non-bonafide tenders or for technical or other delinquency in regard to which the decision of appropriate Life Insurance Corporation of India Authority shall be final and conclusive.

I/We certify that the particulars furnished in the enrolment forms are correct and that should it be found that I/We have given a false certificate or that if I/We fail to notify the fact of my/our subsequent amalgamation with another contractor or firm, the Life Insurance Corporation of India may remove my/our name from the list of Firms/ Suppliers/ Service Providers/ Vendors and any contract that I/We may be holding at the time may be rescinded.

Dated at this.....day of.....2024

Signature with seal and date