

## Section-H: ANNEXURES

### 10) Revised Annexure– X: Manufacturer’s Authorization Form (MAF)

Tender Reference No: LIC-CO/ERM/CSD/RFP/2026-27/DPDPA Tools Dated: 13/07/2026

To,  
The Executive Director  
(ERM), Life Insurance  
Corporation of India Central  
Office, CSD Dept., 2nd  
Floor, Jeevan Seva , S.V.  
Road, Santacruz (West),  
Mumbai 400 054

Dear Sir,

We \_\_\_\_\_ (OEM) who are established and reputed manufacturers of

\_\_\_\_\_ (Equipment’s) having factories/Depot at \_\_\_\_\_ and \_\_\_\_\_ confirms that, M/s \_\_\_\_\_

\_\_\_\_\_ (Name and address of Bidder) herein after referred as “Partner” wishes to participate in the Bid or Project stated above and has entered into an agreement for the purchase and resale of \_\_\_\_\_ (OEM) Products and/or Services. The Partner shall be entitled and authorized to do the following:

- a) Resell and/or distribute \_\_\_\_\_ (OEM) products and/or services in India to end users within that Territory.
- b) Bid, negotiate and conclude a Contract with LIC for the above products/services manufactured or supplied by \_\_\_\_\_ (OEM).

\_\_\_\_\_ (OEM) will, within the scope of its Agreement with its Authorized channels, provide product warranty services and support for \_\_\_\_\_ (OEM) products obtained through its Authorized channels for a period mentioned in the RFP referred above, from the date of installation at LIC.

\_\_\_\_\_ (OEM) certify that, the equipment’s being sold would not be declared End of Support (EoS) in the next 5Years and that \_\_\_\_\_ (OEM) shall supply suitable substitute in case EoS of equipment’s. Also \_\_\_\_\_ (OEM) certifies that the products being sold shall be covered under Warranty / Support and support will be available for next five years from the date of installation at LIC.

The products being sold under this RFP shall provide back-to-back/direct support with the OEM for 5 years. It shall be the highest level of support provided by the OEM and shall be able to meet the SLA parameters.

If you need any additional information, please contact Mr. /Ms. \_\_\_\_\_ at \_\_\_\_\_ (Mobile no.) or \_\_\_\_\_ (e-mail ID).

Yours faithfully,

Name of person  
For and on behalf of M/s \_\_\_\_\_ Designation  
Contact  
Details  
Date:  
Place: \_\_\_\_\_ (Name of Original Equipment Manufacturer - OEM) (Seal of the OEM)