



भारतीय जीवन बीमा निगम
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 these present shall come

(Full name and address of the Policyholder, assignee and surety)

inhabitant 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 _____ AND WHEREAS the said

(Full name of Assured)

Policy No. _____ which was in the possession of _____

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

(Names of Policyholder, Assignee and surety)

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

(Name of Policyholder)

they the said _____

(Names of Policyholder, Assignee and surety)

do hereby for themselves, their heirs, executors or administrators Covenant with the Corporation
its successors and assignees that they said _____

(Names of Policyholder, Assignee and surety)

_____ 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

demands of whatever nature and kind so ever which may be institute, preferred, claimed or made against the said Corporation, its successors or assignees by any person or person by reason of her or their possession of or right to the said original Policy No. _____ by 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 _____

Signed and delivered by the said (1) _____
(Name of Policyholder)

in the presence of : (2) _____
(Name of Assignee)

(3) _____
(Name of Surety)

WITNESSES :-

1. Full Signature _____
of witness
Name of Witness _____
Designation :- _____
Address :- _____

2. Full Signature _____
Of Witness
Name of Witness _____
Designation :- _____
Address :- _____

3. Full Signature _____
of Witness
Name of Witness _____
Designation :- _____
Address:- _____

1. _____
(Assignee's Signature)

2. _____
(Policyholder's Signature)

3. Signature of the surety
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.

