



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

F. No. 3815(Rev)

(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 _____

_____ of
(Name of all Payees & Surety)

(Name of all residence of Payee/s)

_____ inhabitants send Greetings

where a Policy of Insurance Numbered _____ for 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

(Policy No. or Assignment Deed Dated)

Possession of _____ has been lost or misplaced

(Name of Policyholder)

and whereas the said Corporation has on the said _____

(Name of all Payees & Surety)

undertaking to enter into the said Corporation a covenant of the nature hereinafter appearing agreed to pay to the said _____

(Name or Name of Payee/s)

_____ the value of the said Policy viz. Rs. _____ now know ye and these presents witness that in pursuance of the said agreement and in consideration of the said Corporation having agreed to pay the value of the said Policy to the said _____

(Name or Name of Payee/s)

(the receipt whereof is hereby acknowledged) they the said _____
(Name or Name of Payee/s & 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 kindsoever which may be instituted, preferred claimed or made against the said Corporation, its successor or assignees by any persons or person by reason of his, her, their possession of or right to the said original

[Pol. No. or Assignment Deed Dated]

by reason of anything in relation to the premises.

In witness whereof the said _____
(Names of Payee/s & Surety)

have hereunto put their hands at _____ this _____ day of _____ 20____
Signed and delivered by the said _____

(Names of Payee/s & Surety)

In the presence of :

W I T N E S S E S	1) Full Signature of witness _____	1) _____ Signature
	Designation : _____	2) _____ Signature
	Address : _____	
	2) Full Signature of witness _____	Signature of Surety _____
	Designation : _____	
	Designation : _____	Address: _____
	Address : _____	_____

Note : 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. Illiterate Persons 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 identify of the claimant