To all to whom these present shall come ____________________________
________________________________________________________________________
of
(Name of all Payees & Surety)
____________________________________________________________________________
(Name of all residence of Payee/s)
____________________________________________________________________________
(Name of all Payees & Surety)

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
Possession of ____________________________________________ has been lost or misplaced
(Name of Policyholder)

and whereas the said Corporation has on the said ____________________________
____________________________________________________________________________
(Name of all Payees & Surety)

(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.)
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__________________________________________________________ the value of the said Policy
__________________________________________________________ the value of the said Policy
(Name or Name of Payee/s)
their hairs, executors or adminstrators 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 kindsover which may be instituted, preffered 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 _______________________________________________________
(Name or Name of Payee/s & Surety)
have hereunto put their hands at _____________this _______________day of _____________20___
Signed and delivered by the said _______________________________________________________
(Name or Name of Payee/s & Surety)

In the presence of :

W
1) Full Signature of witness ________________________ 1) ________________Signature
2) ________________Signature

I
Designation : ________________________

T
Address : _____________________________

N
2) Full Signature of witness ________________________ Signature of Surety ________________________

E
Designation : ________________________

S
Designation : ________________________

S
Address : _____________________________

E

S

N o t e : 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 varnacular 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 identity of the claimant.