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 Convenant 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

(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.)
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________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

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 _________________ 1. _________________________

of witness (Assignee’s Signature)

Name of Witness_______________

Designation :- _________________

Address :- ____________________

2. Full Signature _________________ 2. _________________________

Of Witness (Policyholder’s Signature)

Name of Witness_______________

Designation :- _________________

Address :- ____________________

3. Signature of the surety

3. Signature of the surety

Name of Witness________________

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.