



**भारतीय जीवन बीमा निगम**  
**Life Insurance Corporation of India**

\_\_\_\_\_ Divisional Office

(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 presents shall come  
 ( full names and addresses of the policy holder, Assign and surety)

---



---



---

Inhabitants send Greetings WHEREAS A Policy of insurance were granted by the Offices of the Life Insurance Corporation of India, as particularized below :

No. of Policy	Granted on	S.A.	Name of Div. Office	Name of the Insurance Company whose Assets & Lib. vested in LIC as per LIC Act 1956, (herein referred as Corporation)
---------------	------------	------	---------------------	---

to \_\_\_\_\_ solemnly affirming that the  
 (Full Name of Assured)  
 said Policy/ies No/s \_\_\_\_\_ which was/were lost \_\_\_\_\_

(Brief statement of circumstances of loss)  
 was/were not assigned, mortgaged or dealt with in any other manner except for any assignment, notice of which may have already been given to the Corporation and undertaking to return to the Corporation the original policy if the original policy/ies is/are recovered subsequently AND WHEREAS the said Corporation has on the said \_\_\_\_\_

(Name of Policyholder, Assignee and Surety)  
 undertaking to enter into with the said Corporation a Covenant to the nature hereinafter appearing agreed to issue to him the said \_\_\_\_\_  
 (Name of Policyholder)

the duplicate of the said policy/ies No/s \_\_\_\_\_ NOW KNOW YE AND THESE PRESENTS WITNESS that in pursuance of the said agreements and in consideration of the said Corporation having at or before the execution of these presents agreed to issue the duplicate of the policy/ies \_\_\_\_\_ to the said \_\_\_\_\_  
 (Name of Policyholder)

they the said \_\_\_\_\_  
 (Names of Policyholder, Assignee and Surty)

\_\_\_\_\_ their heirs, executors or administrators will from time to time and at all times save and keep harmless and idemnified the said corporation, its successors and assigns of and from all actions, suits, costs, claims and demands of whatever nature and kind so ever which may be instituted, preferred, claimed or made against the said Corporation, its successors or assigns by any person or persons by reasons of his, her or their possession of or right to the said original policy/Policies No/s \_\_\_\_\_ and 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 \_\_\_\_\_ 2000

Signed and delivered by the within named

- 1) \_\_\_\_\_  
(Name of Policyholder)
- 2) \_\_\_\_\_  
(Name of Assignee)
- 3) \_\_\_\_\_  
(Name of Surety)

- 1) \_\_\_\_\_  
(Signature of Policyholder)
- 2) \_\_\_\_\_  
(Signature of Assignee)
- 3) \_\_\_\_\_  
(Signature of Surety)

In the presence of

Designation \_\_\_\_\_

WITNESSES :

1) Full Signature of witness \_\_\_\_\_

Occupation \_\_\_\_\_

1) Full Name of Witness \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Designation \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Full Name of witness \_\_\_\_\_

Occupation \_\_\_\_\_

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.