

(This form must be stamped before execution with a Special Adhesive Stamp of the Value of Rs.....)

LIFE INSURANCE CORPORATION OF INDIA

Office _____

FORM OF APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE

Policy No. _____ for Rs. _____ on the life of _____ (Deceased).

I, _____ of _____ widow / eldest son / _____ of the above named _____ do hereby solemnly declare that the above policy holder died intestate and I request that legal evidence of title required in terms of the above Policy be dispensed with and I hereby solemnly declare that the following statements are true to the best of my knowledge and belief.

- 1. (a) Full name, address and occupation of the deceased at the time of his death.
- (b) What was the deceased's caste and religion?
- (c) Was he a Hindu, Sikh, Jain or a Buddhist, the succession to whose estate is governed by the Hindu Succession Act, 1956?
- (d) Was he a Mohammedan, the succession to whose estate is governed by the Mohammedan Law?

2. When and Where did he die?

3. Has he left a Will?

4. (a) Has the deceased left any other estate besides the moneys due under the above Policy for which Evidence of Title, such as a Succession Certificate, is or has to be obtained? (a) _____

(b) Was the deceased insured with any other Branch Office of the Corporation? If so, state _____

- (1) The name of the Branch Office. (1) _____
- (2) Number/s of the Policy/ies and amount due under each of such Policy/ies and (2) _____
- (3) Name/s of the Assignee/s under the above Policy/ies (3) _____

Note :In the case of Hindus if any of the relations mentioned in statement 5 herein were adopted, please state full details regarding such adoption.

5. (A) Has the deceased left any of the following relations and if so, give their full names and ages.

Full Name Age

(a) Sons

- (1) _____
- (2) _____
- (3) _____
- (4) _____

(b) Daughters

- (1) _____
- (2) _____
- (3) _____
- (4) _____

(c) Widow or Widows / Widower _____

(d) Mother _____
 (e) Sons, Daughters & Widows _____
 of predeceased sons (i.e. of _____
 sons who died before the _____

Assured)

(f) Sons & Daughters of
 Pre-deceased daughters
 (i.e. of daughters who died
 before the Assured)

(g) Sons, Daughters & Widows
 of predeceased sons of
 predeceased sons

(h) Father

(i) Brothers

(j) Sisters

5. (B) Has the deceased left any other relations, whether as Sharers, Residuaries or Distant Kindred, besides those stated in reply to Q. No. 5(A)? If so, please give the particulars as under:

	Full name of the person	Relationship with the Life assured	Present age
1			
2			
3			
4			
5			

NOTE: This information is required in the case of Mohammedan Policyholders only.
 If any of the aforesaid relations are minors, state with whom the minors are living and by whom they are being maintained.

6. If the deceased has not left any of the aforesaid relatives, but has left remoter relations, such as Grand parents, brother s or sisters children etc., give the names and ages of all such remoter relations

7. State which of the relatives as noted in answer to questions 5 and 6 are claimants to the Policy moneys and whether there is any dispute between any of the relatives in this connection.

8. Give the full name, age and address of a person of sound finanacial standing who is prepared to execute an Indemnity Bond jointly with the heirs of the deceased.

I make this solemn declaration, solemnly and sincerely believing the same to be true and knowing that on the faith hereof the Corporation has agreed to dispense with legal evidence of title under the abovementioned policy and that this declaration would be receivable as evidence in any future litigation that may take place in connection with the policy.

(Signature of the Declarant)

Address: _____

Declared before me at _____ and certified that the declaration has been read over to and understood by the declarant.

This _____ day of _____ 20

 Magistrate or a Notary or any Official empowered to administer Oaths in non-Court matters.