

**LIFE INSURANCE CORPORATION OF INDIA**

Policy No.....

**CERTIFICATE OF EXISTENCE**

(This form should be signed by a friend or relative of the life assured)

Mr. ....

I.....

hereby certify that.....

son / daughter .....

..... of.....

was alive on ..... having personally seen him/her on or after  
that day.

Dated at..... this ..... day of..... 20

Signature .....

Designation.....

Address.....

.....

.....

Witness .....

Designation.....

Address.....

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