



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/Policies of insurance Numbered \_\_\_\_\_  
for Rs. \_\_\_\_\_ was/were granted on \_\_\_\_\_ by  
LIFE INSURANCE CORPORATION OF INDIA, (hereinafter referred to as the Corporation), on the life  
of \_\_\_\_\_ AND WHEREAS the said

(Full Name of Assured)

\_\_\_\_\_ 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 \_\_\_\_\_  
1) Full Name of Witness \_\_\_\_\_  
Occupation \_\_\_\_\_  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

Occupation \_\_\_\_\_  
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.