



भारतीय जीवन बीमा निगम  
Life Insurance Corporation of India

(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 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 Covenant 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

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 \_\_\_\_\_  
(Names of Policyholder, Assignee and surety)

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 \_\_\_\_\_  
of witness  
Name of Witness \_\_\_\_\_  
Designation :- \_\_\_\_\_  
Address :- \_\_\_\_\_  
\_\_\_\_\_

2. Full Signature \_\_\_\_\_  
Of Witness  
Name of Witness \_\_\_\_\_  
Designation :- \_\_\_\_\_  
Address :- \_\_\_\_\_  
\_\_\_\_\_

3. Full Signature \_\_\_\_\_  
of Witness  
Name of Witness \_\_\_\_\_  
Designation :- \_\_\_\_\_  
Address:- \_\_\_\_\_  
\_\_\_\_\_

1. \_\_\_\_\_  
(Assignee's Signature)

2. \_\_\_\_\_  
(Policyholder's Signature)

3. Signature of the surety  
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.

