



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

मण्डल कार्यालय, अजमेर

सेवा में,

वरिष्ठ शाखा प्रबन्धक,
भारतीय जीवन बीमा निगम,
शाखा कार्यालय, अजमेर

संदर्भ : पॉलिसी संख्या (स्वयं)

मैं/हम एतद् द्वारा घोषित करता हूँ/करते हैं कि मैंने/हमने उपर्युक्त जीवन बीमा पॉलिसी की समनुदेशन/पुनः समनुदेशन जो उचित नोटिसों पर भारतीय जीवन बीमा निगम अथवा उपरोक्त पॉलिसी जारी करने वाले व्यवसायी द्वारा पूर्वतः ही पंजीकृत करा ली गई है।

मैं/हम पुनः घोषित करता हूँ/करते हैं कि मैंने/हमने उपर्युक्त पॉलिसी के सम्बन्ध में समनुदेशन का कोई नोटिस भारतीय जीवन बीमा निगम के किसी कार्यालय के नाम जारी नहीं किया है/किए हैं और न ही मैं/हम ऋण, समर्पण मूल्य/विद्यमानता हित लाभ के भुगतान के पहले समनुदेशन या पुनः समनुदेशन का कोई नोटिस उक्त निगम के किसी कार्यालय के नाम जारी करूँगा/करेंगे।

.....
बीमाधारी के हस्ताक्षर

दिनांक

.....
समनुदेशिनी (एसाईनी) के हस्ताक्षर

बीमा धारक का नाम

पता

.....



DIVISIONAL OFFICE, AJMER

QUERY FORM :

(To be Completed by the Life Assured under a policy which is matured for payment and which has been misplaced or lost by him and also for issuing a Duplicate Policy)

Re : Policy No.

1. Under what circumstances the policy was misplaced or lost.
2. What efforts have been made to trace out the policy ?
3. Have you assigned the policy to any person, Bank etc. or dealt with the policy in any other way ? If so give particulars there of :
4. Have you ever raised loan against this policy from any office of the Corporation ?
5. Give the following Information :
 - (a) Full Name of your father :
 - (b) Place and date of birth :
 - (c) Your occupation at the time of proposal :
 - (d) Your address at the time of proposal :

Dated at this day of

WITNESS :

Signature

Full Name

Designation

Address

.....

.....

Signature of the Life Assured



Life Insurance Corporation of India

(To be stamped Rs. at the stamp office or Collector's BEFORE EXECUTION or to be copied out on a non - Judicial Stamped paper or equal value.)

To all to whose these presents shall come

(Name of all Payees

..... inhabitants send Greetings,

(Place of residence of Payee/s)

whereas a policy of Insurance Numbered for Rs.

was granted on by the

(Name of the Company/Society)

whose assets and liabilities

have vested in the Life Insurance

the assests/liabilities of whose controlled business

Corporation of India, established by the Life Insurance Corporation Act 31 of 1956 (hereinafter referred to as the Corporation), on the life of

(Name of Policy holder)

and WHEREAS

(Policy No. or Assignment Deed dated)

which was in the possession of

(Name of policyholder)

has been lost or misplaced And whereas the said Corporation has on the said

(Name of payee

undertaking to enter into with the said Corporation a Covenant of the nature hereinafter appearing

agree to pay the said

(Name or Names of payees)

..... the value of the said Policy viz Rs.

..... now know by and those presents witness that in pursuance of the said agreement and in consideration of the said Corporation having agreed to pay the value of the said Policy to the said

(Name or Names of payees)

(The receipt whereof is hereby acknowledged) by the siad

(Name of Payee/s

do hereby for themselves their, executors or administrators Convenet with the Corporation its successors and assigns that they said

(Name of Payee/s

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 assigns of and from actions suits costs claims & demands of whatever nature and kind what-so-ever which may be instituted, preferred claimed, or made against the said Corporation, its successors or assigns by and person or persons by reason of his/her or their possession of right to the said original

(Policy No. or Assignment deed dated)

by reason of anything in relation to the promises.

In witness where-of the said

(Name of Payee/s

have thereinto put their hands at this

day of 200 20/-

Signed and delivered by the said

(Name of Payee/s

in the presence of

Signature of Claimant

English knowing witness

Signature of Other Claimants (If any)

W	Full Signature
I	of Witness
T	Designation
N	Address
E	
	Full Signature
S	of Witness
S	Designation
E	Address
S

Notth :- (1) If this Bond is signed in Vernacular one the attesting witness should be requested to certify that the contents of this bond were explained to the party vernacular before execution.

(2) Thumb impression must be attested by a Magistrate, Gazetted Officer, Dev. Officer, B.D.O. or any Class 1st Officer of L.I.C.



NATIONAL ELECTRONIC FUNDS TRANSFER - MANDATE FORM

To
LIFE INSURANCE CORPORATION OF INDIA

Branch :-

Sub : Receipt of policy payment through NEFT

I am giving below the details of my Bank account for receiving policy payment through NEFT.

(1) Policy No/s

Name of policy holder/ claimant:

(2) Bank Name :

(3) Bank Branch Address :

(4) Account Type Savings/Current/Cash Credit/NRI

(5) Account No.

[illegible]

(Bank account number should be written from left to right)

(6) IFS Code :

[illegible]

(7) Mobile number. :

[illegible]

(8) E-Mail id :

(9) Are you willing to receive SMS/E-mail, on matters related to your LIC policies : *

	Yes	no
1. The company has a clear vision and mission statement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The company has a strong leadership team.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The company has a solid financial foundation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. The company has a diverse and talented workforce.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The company has a strong reputation in its industry.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The company has a clear strategy for growth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. The company has a strong commitment to innovation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. The company has a strong focus on customer satisfaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. The company has a strong emphasis on ethical business practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. The company has a strong track record of success.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I have enclosed the following document to this effect. (Please V appropriate item)

- A. Cancelled cheque leaf
- B. if cheque is not having the name of bank holder then Photo copy of the page of Bank pass book containing details of Bank accounts number, IFS code

Signature of the policy holder

Date:

(In case of change in Bank details, please fill this mandate form again and submit the same to Our Branch office)

***If your answer to Q no 9 is 'Yes', then we will be able to send you a message when LIC transfers money to your Account through NEFT. This message will contain the UTR (Unique Transaction Reference) number which can be used to make any enquiry regarding the payment.**