Indemnity Bond for loss of policy no.	
---------------------------------------	--

(To be supported with Undertaking)

Aditya Birla Sun Life Insurance Company Limited

To be franked on a Rs.200/- Stamp Paper outside Maharashtra

To be franked on a Rs.500/- Stamp Paper within Maharashtra

	10 bo namoa oi	rano.coo, clampi	apor within w	anaraontra	
Whereas:					
An Insurance policy nu	mbered	on the lif	e of	(Name of Life Insured)	was
issued to		(Name of F	olicyholder) by	/ Aditya Birla Sun Life Insurance	
Company Limited ("the	Company");				
The policyholder has re	ported that the said p	oolicy has been lost/r	nisplaced/dest	royed/mutilated and has not bee	n
mortgaged or pledged	or otherwise dealt with	h in like any manner	and has agree	ed to return the Company the orig	inal
Policy. The company h	as, on the above pre	mises, agreed to issu	ue a duplicate	policy on his entering into a Cove	enant
of the nature hereinfafte	er appearing: Now in	pursuance of the sai	d agreement, t	he said	
(Name of Policy holder)) do hereby for himse	lf, his heirs, executor	s or administra	ators Covenant with the company	/, its
successors and assigns	s that they said		(Name of Po	olicyholder) administrators will fro	om
time to time and at all t	times save and keep	harmless and inder	nnified the Cor	npany, its successors and assign	ns of
	·			nd kind so ever which may be	
				assigns by any person or persons	; bv
•	_			and by reason of an	-
in relation to the premis	•	giii to tiio oala oiigiii	ar 1 0110y 110	and by rodoon or an	,g
rolation to the profile					
Signed by the said					
1					
(Name of Police	cyholder)				
2					
(Signature of F	Policyholder)				
Place:					
Dated at	this	day of	20		
In presence of:					
Full Signature of Wit	tness:				
Name:					
Address:					