

**AFFIDAVIT CUM INDEMNITY BOND FOR WAIVER OF ISSUANCE OF DUPLICATE  
POLICY BOND**

- A) **For Maharashtra state - To be executed on non-judicial stamp paper of Rs. 600/- only. This is as per amendment in Maharashtra Stamp Act 1958 (Article 35)**
- B) **For All other states (Except Maharashtra) - To be executed on non-judicial stamp paper of Rs. 300/-**

(Policyholder is requested to ensure that the date of issue of stamp paper/date of franking by the requisite authority is not more than 6 months before the date of execution of documents)

I/We, Mr. /Ms. \_\_\_\_\_ being the policyholder under the policy bearing no. \_\_\_\_\_ residing at \_\_\_\_\_ do solemnly affirm and declare as follows:

**Whereas:**

1. Policy numbered \_\_\_\_\_ has been issued by Aditya Birla Sun Life Insurance Company Limited (hereinafter referred as the "Company") on the life of Mr. / Ms. \_\_\_\_\_ (hereinafter referred to as the "Life Assured") was issued to \_\_\_\_\_ (Name of Policyholder).
2. The Policyholder has reported that the said policy has been lost/misplaced/destroyed/mutilated and has not been mortgaged or pledged or otherwise dealt with in a like manner and has agreed to return to the Company the original policy, if it is recovered subsequently.
3. That I/We being the Policyholder and owner of the policy to receive the monies under the policy in event of cancellation of the policy, do hereby confirm that the policy amount shall be received by me/us and do hereby undertake to indemnify the Company in case some other claim is made in future by another person for the amount on submission of original policy bond.
4. I agree that the amount paid to me is towards the full and final settlement of the claim under the said Policy and that the Company's liability to pay the amount towards the said Policy shall stand discharged in entirety. Format of the Discharge Voucher is attached as Annexure A.
5. I/we hereby/jointly and severally undertake to indemnify the Company and do hereby covenant with the Company, its successors and assigns to pay them for all costs/charges/dues/expenses/damages at all times, save and defend and keep harmless and indemnified the said Company, its successors and assigns, from and against all actions, causes of actions, suits, proceedings, accounts, claims and demands whatsoever at Law or otherwise on account of the said policy money or part thereof.

Signature of Declarant(s)/deponents(s) :

Name(s):

Address(s):

Date:

Place:

**WITNESSES**

Signature of Witness 1: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature of Witness 2: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**VERIFICATION**

**IN WITNESS WHEREOF**, I/We, have hereunto set my/our hands, seals this

\_\_\_\_\_ day of \_\_\_\_\_ 20

I/We solemnly declare and state that what is stated in para 1 to 4 is true to my/our knowledge. I undertake to indemnify as stated in para no 5.

Name of Declarant(s)/Deponent(s)	Signature of Declarant(s)/Deponent(s)

Solemnly affirmed before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

Signature and Seal of the Notary Public

**Annexure A**  
**Discharge Receipt**

I, Mr./ Mrs. /Ms. \_\_\_\_\_ residing at \_\_\_\_\_ and having policy bearing no. \_\_\_\_\_ do hereby state and solemnly affirm that I have received Rs. \_\_\_\_\_ by way of \_\_\_\_\_ towards the payment of claim/surrender/ full and final settlement under the Policy.

I do not have any grievance, claim or any right of whatsoever nature with respect to the said claim against Aditya Birla Sun Life Insurance and on receipt of the above mentioned sum of money no further amounts shall be due and payable under the said policy.

Name of Policy holder: \_\_\_\_\_

Signature of Policy holder: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_