Annexure I

(FORMAT OF INDEMNITY BOND TO BE GIVEN BY CUSTOMER)

DEED OF INDEMNITY is made at_____this_____day

of_____between Mr./Ms./M/s_____

residing at _____

hereinafter referred to as 'the Party of the First Part of the One Part' and **ICICI Prudential Life Insurance Co. Ltd.** a Company registered under the Companies Act, 1956 and having its registered office at ICICI Prulife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025 hereinafter referred to as 'the Company' of the Other Part.

WHEREAS

1. The Company had issued an insurance policy on the life of Shri _____ and numbered _____
2. The Party of the First Part has represented to the Company that the said Policy of insurance has been lost / misplaced / mutilated;
3. The Party of the First Part has applied to the Company for issuance of a duplicate copy of the said insurance policy and the Company is agreeable to do so on the following terms:-

NOW THIS DEED WITNESSETH that pursuant to the same and in the premises the Party of the First Part hereby agrees to indemnify and keep indemnified the Company against any loss, costs, charges and expenses that the Company may suffer or incur on account of any claim being made by any other person claiming on the basis of possession of the said insurance policy or otherwise and the Company being required to make payment of the amount under the said policy to such person And the Party of the First Part undertakes that in the event of the original insurance policy being found the same will be returned to the Company forthwith.

IN WITNESS WHEREOF the Party of the First Part has put his hand the day and year first here in above written.

Signed and delivered by the within named Party of the First Part

Mr./Ms./M/s _____

In the presence of _____

At the time of submitting the form please provide copy of Policyholder's (Proposer's) self attested photo identity proof. Additional documents may be required for verification at the discretion of the branch.

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of Indemnity Bond from:

STAMP & TIME

Name: Mr./Ms./M/s_____

Date | D | D | | M | M | | Y | Y | Y | Y |

Received By | | | | | | | | | | | | | | | | | | | | | | |