Annexure I

16M FORMAT OF INDEMNITY BOND TO BE GIVEN BY CUSTOMER

DEED OF INDEMNITY is made at	this	day
ofbetween Mr./Ms./M/	S	
residing at		
hereinafter referred to as 'the Party of the First Par Company registered under the Companies Act, 19 Appasaheb Marathe Marg, Prabhadevi, Mumbai - Part.	56 and having its registered of	ffice at ICICI Prulife Towers, 1089,
WHEREAS		
1. The Company had issued an insurance policy on Shri		
and numbered		
The Party of the First Part has represented to t misplaced / mutilated;	. ,	
The Party of the First Part has applied to the Con Insurance policy	npany for issuance of a duplica	.,

4. The Party of the First Part has also applied to the company for partial withdrawal under the captioned 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 shall 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.

Note: If this bond is signed in vernacular one of the attesting witnesses should be requested to certify that the contents of this Bond were explained to the party in vernacular before execution as under:

"Certified that the contents of this indemnity bond were explained by me to the Life Insured/surety in his / her vernacular language and that he / she has affixed his/her Signature / Left Thumb impression to this bond in my presence after thoroughly understanding the contents of the same."

Signature of the attesting witness

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of Indemnity Bond from: **STAMP** 8 TIME **Received By** Name: Mr./Ms./M/s Date D D M M Y Y Y Y ER Request submitted by C S CR C S For office use only