

(To be notarized and stamped as per revenue act of the state)
LIFE INSURANCE CORPORATION OF INDIA

P&GS unit :

INDEMNITY BOND

In consideration of the Life Insurance Corporation of India having agreed to pay _____ (name of the Payees) _____ (relationship with deceased) of _____ (name of the deceased) the sum of Rupees _____ due under the Pradhan Mantri Jan Dhan Yojana (PMJDY) in full and final settlement of death claim of _____ (Name of the deceased) under PMJDY , without requiring production of Probate or Letters of Administration or Succession Certificate granted to the estate of _____ (name of the deceased), I/ We _____ my/our Heirs, Executors and Administrators do hereby agree to keep the said Corporation harmless and indemnified from and against all claims against it on the part of any person or persons whomsoever and all damages, costs and expenses which the said Corporation may sustain or incur in consequence of any such claim or claims.

Dated at _____ this _____ day of _____ 20

Yours faithfully

1
2
3
4

(Signature or thumb impression of Legal heirs)

WITNESS by Official of Bank

Signature
Full name and Designation
Seal

- 1.** Declaration by the person submitting the indemnity (in case it is signed in a language different from that of the form)
I hereby declare that I have fully explained the above contents to the person signing indemnity and I have truthfully recorded the answers given by him

Declarant's Name and Address

Signature of the Declarant

I certify that the contents of the indemnity bond have been fully explained to me by (name, designation, occupation) Mr. / Mrs. _____ and I have understood the significance of the contents of the form.

Signature of claimant

- 2.** In case the Claimant is illiterate his /her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.
I hereby declare that I have fully explained the above contents of this indemnity bond to the Claimant in _____ language and that the claimant has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the declarant:

Signature of the Declarant

LIFE INSURANCE CORPORATION OF INDIA

_____ OFFICE

FORM OF APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE

Pradhan Mantri Jan Dhan Yojana (PMJDY) life cover on the life of _____ (name of the deceased) for Rs. 30000/-

I _____ (name of the Claimant) relation _____ (relation with deceased) of the above named _____ (name of deceased) do hereby solemnly declare that the above insured member of PMJDY died intestate and I request that legal evidence of title required in terms of the above policy be dispensed with and I hereby solemnly declare that the following statements are true to the best of my knowledge and belief:

Full name, address and occupation of the deceased at the time of his death	
Religion of the deceased	
When and where did he die	

Has the deceased left any of the following relations, and if so, give their full names and ages

Details	Full name	Age
Son	1	
	2	
	3	
	4	
Daughter	1	
	2	
	3	
	4	
Widow or widows / widower		
Father		
Mother		

If any of the aforesaid relations are minor, state with whom the minors are living and by whom they are being maintained:

Whether there is any dispute between any of the relatives mentioned	YES / NO
whether the deceased has left any will	YES / NO

Dated at _____ this _____ day of _____ 20_____

Signature of the Claimant*

Witness by Bank Official

Name _____

Designation _____

Address _____

Seal of the Bank

* (This form should be submitted by one of the legal heir who claims the money)

3. Declaration by the person submitting the form of application (in case form filled up is signed in a language different from that of the form)

I hereby declare that I have fully explained the above questions to the nominee / Claimant and I have truthfully recorded the answers given by the nominee / claimant.

Declarant's Name and Address

Signature of the Declarant

I certify that the contents of the form have been fully explained to me by (name, designation, occupation) Mr. / Mrs. _____ and I have understood the significance of the contents of the form.

Signature of the Claimant

4. In case the Claimant is illiterate his /her thumb impression should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

I hereby declare that I have fully explained the above questions and contents of this form to the Claimant in _____ language and that the claimant has affixed the thumb impression above after fully understanding the contents thereof.

Name and Address of the declarant:

Signature of the Declarant