**Annexure C2**

**(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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure C1**

**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 dceased) 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)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_