

Duplicate Policy Bond Application Form

Date:

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Policy No:

Affix a recent self attested photograph

Name of the Policy Holder/Assignee:

Address:

Contact no:

Residence	Office	Mobile

Email ID:

ID Proof: Driving License Passport Pan Card Election ID Card Aadhar Card
 Armed Forces ID Card Others _____

Address Proof: Driving License Passport Aadhar Card Utility Bills not older than 2 months
 Bank Passbook/Account Statement with transactions till previous month Others _____

We need you to answer the following questions:

1) Under what circumstances was the policy lost or misplaced?

2) What efforts have been made to trace out the policy?

3) Have you assigned the policy to any person, bank etc. or dealt with the policy in any other way? If so, give particulars thereof.

4) Did you/assignee claim surrender value or loan under this policy?

Signature of the Witness

Signature of the Policyholder/ Assignee

Name of the witness:

Address:

Contact No:

Declaration to be given when the signature of the policy holder is in a vernacular language or has affixed thumb impression.

If the policy holder is an illiterate or is signing in a language other than the language of this form, his/her Thumb impression/signature must be attested by any Gazetted officer, notary, his/her banker or SBI Life official not below the rank of an Assistant Manager with his/her official seal after explaining the contents of this application.

Name:

Address:

Signature of the Person
making the Declaration

Without Prejudice

Customer Consent

I, _____ do hereby declare that I have applied for the issuance of duplicate policy against my policy number _____ as I have not received the original policy bond till date.

I further declare and agree that on receipt of this duplicate policy I will not apply for cancellation of this policy under free look clause. I also undertake that I will not raise any legal dispute whatsoever regarding non availability of Free Look Cancellation option under the duplicate policy.

I further declare and undertake that I or my legal representatives of whatsoever description shall never raise any legal dispute whatsoever against SBI LIFE INSURANCE COMPANY LIMITED or its employees or Officers or Directors or Representatives of whatsoever description having regard to cancellation of the policy under free look clause.

I further state that I have carefully read understand the contents hereof, and sign this consent letter on my own free will.

Name :

Address:

Signature of the Person
making the Declaration