

Duplicate Policy Bond Application Form

Date:	D D M M Y Y Y	
Policy No.:	_____	
Affix a recent self attested photograph		

Policy Holder/Assignee:					
Address:					
Contact No.:	Residence.:	Office.:	Mobile		
Email ID:					
ID Proof:	<input type="checkbox"/> Driving License	<input type="checkbox"/> Passport	<input type="checkbox"/> Pan Card	<input type="checkbox"/> Election ID Card	<input type="checkbox"/> Aadhar Card
	<input type="checkbox"/> Armed Forces ID Card	<input type="checkbox"/> Others			
Address Proof:	<input type="checkbox"/> Driving License	<input type="checkbox"/> Passport	<input type="checkbox"/> Aadhar Card	<input type="checkbox"/> Utility Bills not older than 2 months	
	<input type="checkbox"/> Bank Passbook/Account Statement with transactions till previous month	<input type="checkbox"/> Others			

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.

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 and understand the contents hereof, and sign this consent letter on my own free will.

Name:	_____
Address:	_____

Signature of the Person
making the Declaration