



PNB MetLife India Insurance Co. Ltd.
 (Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal',
 5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004. www.pnbmetlife.com. Fax: +91-80-4150 6969

Indemnity Bond for Duplicate Policy

To all whom these presents _____ (Full name and address of the policy owner, Assignee and Sureties)

WHEREAS I have a Policy of Insurance, Policy No. _____ for Rs. _____ which was granted on _____ by PNB MetLife India Insurance Company Private Limited, hereinafter referred to as the Company, on the life of _____ (Full Name of Insured)

AND WHEREAS the said Policy No. _____ which was in possession of _____ has been lost or misplaced

AND WHEREAS The Company has on the said _____'s (Full name of Policy Owner, Assignee and Sureties) undertaking to enter into with the said Company a covenant of the nature hereinafter appearing agreed to issue to him the said _____ (Name of the Policy Owner) the duplicate of the said Policy No. _____ now known and these present witness that in pursuance of the said agreement and in consideration of the said Company having at or before the execution of these presents agreed to issue the duplicate of the said Policy No. _____ to the said _____ (Full name of Policy Owner, Assignee and Sureties) do hereby for themselves, their heirs, executors or administrators covenant with the said Company its successors and assigns that they the said _____ (Full name of Policy Owner, Assignee and Sureties) their heirs executors or administrators will from time to time and at all times save and keep harmless and indemnified the said Company, its successors and assigns of and from all actions, suits, costs, claims and demands of whatever nature and its kind so ever which may be instituted, preferred, claimed or made against the said Company, its successors or assigns by any person or persons by reason of his, her or their possession of or right to the said original Policy No. _____

In WITNESS of the said _____ (Name of the Policy Owner)
 _____ (Name of Assignee and Sureties) have hereunto put their hands at _____
 this _____ day of _____ 20____

Signed and delivered by the said

 Signature of Policy Owner
 Name:
 Address:

 Signature of Assignee
 Name:
 Address:

 Signature of Surety*
 Name:
 Address:

In the presence of

 Signature of Witness
 Name:
 Address:

 Signature of Witness
 Name:
 Address:

*Note: A surety with a sound financial background needs to sign this bond in case the face amount of the Policy is above Rs. 5,00,000

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