PERSONAL BOND OF INDEMNITY AT THE REQUEST AND COST THE INSURANT

(To be executed by the insurer in absence of Policy document lost from his custody) and family bound upto the president of India (hereinafter called the presidents). In the sum of (₹.....) (face value of the policies) of Lawful money on India to be paid on demand and without demand to the president. His certain attorneys, successors or assigns for which payment well end tudly to be made I bind myself my her is executors, administrators and representatives, firmly by these president. SeBled with my seal dated thisday of..... in the Christian year two thousand and..... I.....purchased from the Director General P&T (hereinafter called the Director General) a Govt. of India Post Offices L.I/E/A Policy bearing a monthly premium of ` payable upto the time of my death/age...... AND Whereas I have applied to the Postmaster General..... for the settlement of my claim and payment of money in respect of the said policy AND Whereas the policy has been lost and is not forth-coming AND Whereas I have not produced the said policy issued to me Sh. by the Deputy General Postal Life Insurance, Calcutta AND Whereas I represented to the Postmaster said policy has not been assigned or transferred to nobody or disposed of in any other way AND direction of the Director General Posts, New Delhi and on behalf of and as agent of the President rolying on my said representation..... Acceded to the said application on condition of my executing for the better protection of the such bond above written with such consideration as here under is written.

Provided further that the liability of sureties hereunder shall not be impaired or discharged by reason of time being granted or any for bearance act or omission of the President of any person authorised by him (whether with or without the consent or knowledge of the sureties) nor shall be necessary for the president to sue the said (A) and (B) before suing the sureties for amounts due hereunder.

(a)	(b)			
Signed, sealed and delivered by the Above named (a)	Signed sealed and delivered by the above named (b)			
Signature of the insurant	Signature of the nominee			
(Two witness to sign here)	(Two witness to sign here) 1			
2	2			
(c)	(d)			
Signed sealed and delivered by the above Named (c)	Signed sealed and delivered by the above named (d)			
Signature of the 1st Surety	Signature of 2 nd Surety			
Two witness to sign here	(Two witnesses to sign here)			
1	1			
2	2			

FORMAT OF INDEMNITY BOND TO BE GIVEN BY CUSTOMER

DEED (OF INDE	MNITY is made a	t		th	is		day of			
between	Mr./Ms.	/M/s			residing a	t					
hereinaf	fter referre	ed to as 'the Party	y of the Firs	st Part of the	One Part' a	nd Director Ger	neral, Departr	nent of Po	sts hereinat	fter referre	d to as
Departn	nent of the	Other Part.									
WHERI	EAS										
1.	The	PLI/RPLI	had	issued	an	insurance	policy	on	the	life	of
Shrí						and	numbered				
NOW T keep ind claim be required the origin	THIS DEE demnified eing made I to make inal insura	on the following D WITNESSETF the Department a by any other perspayment of the aunce policy being HEREOF the Part	I that pursua against any son claiming mount under found, the sa	loss, costs, ch s on the basis of the said police ame will be re	arges and e of possession by to such p turned to the	xpenses that the n of the said ins erson. And the e Department fo	e Department urance policy Party of the F rthwith.	may suffe or otherwi irst Part ur	r or incur of ise and the l	on account Department	of any being
Signed a	and delive	red by the within	named Party	y of the First P	art						
Mr./Ms.	/M/s										
In the p	resence of	`a)				b)				
The Sur	reties	a)				b))				

At the time of submitting the form please provide copy of Policy holder's (Proposer) self attested photo identity proof. Additional documents may be required for verification at the discretion of the Department.

DEPARTMENT OF POST OFFICE OF THE CHIEF POSTMASTER GENERAL

Го					
No.	:				Dated :
Subj	ect: Furn	ishing of Indemnity Bond.			
Sir,					
No	Kindly	y refer to your application dated _	which is stated to have	for issue of been lost/misplaced/mutilated	f duplicate policy bond with Policy I. In this connection you alongwith
wo 10/	The follo	ureties are required to furnish an I owing instructions should be obser	rved carefully while furnishing	on a r	non-judicial stamped paper worth
	(i)	The text of the Bond of Indemn sheets. The additional sheets if paper should not be used for this	used should be purchased f	tly typed over the front side or from stamp vendor only. Ordin	nly of the stamped paper/additiona nary typing paper or other kind o
	(ii)				page should however be signed by nk for any reason it should also be
	(iii)	insurant can be the witness to su	areties also. Sureties cannot b	e witness to insurant and simil	the last and final page. Witness to arly Insurant cannot be witness for establishment/ office and literate
	(iv)	Correction or over writing/typin	g in the name of insurant, sur	reties, witnesses and amount is	not allowed.
	(v)	The Bond of Indemnity should be	be sent to this office alongwit	h the enclosed text for further r	necessary action.
					Yours faithfully
					Asstt./Dy. Divl. Manager (PLI