

DECLARATION

I,..... (Name),
.....
..... (Official/Residential Address) hereby solemnly
affirm and declare that the original State Life Insurance Policy
(Policy No) issued in favour of me / Shri/Smt.....
said to have forwarded by the Director of Insurance, Kerala State / District Insurance
Officer, is irrecoverably lost/damaged/not received.
I have made sincere attempt to search the original Policy, but turned futile. I undertake to
surrender the original Policy as and when received or recovered.

Signed on the day of, 20.....

Signature :

Witnesses: -

- 1.
.....
- 2.
.....