



Life Insurance Corporation of India

OFFICE/UNIT

FORM OF APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE

Policy No. for Rs.
on the life of (Deceased)

I of (address)
widow/eldest son/ of the above named

do hereby solemnly declare that the above policy holder died intestate and I request that legal evidence of title required in terms of the above Policy be dispensed with and I hereby solemnly declare that the following statements are true to the best of my knowledge and belief :-

- 1- (a) Full name address and occupation of the
deceased at the time of his death
- (b) What was the deceased's caste and
religion?
- (c) Was he a Hindu, Sikh, Jain or Buddhist
the Succession to whose estate is Governed
by the Hindu Succession Act 1956?
- (d) Was he a Mohammedan, the succession
to whose estate is governed by the
mohammedan law?

2- When and Where he died?

3- Has he left a will?

4- (a) Has the deceased left any other estate (a)
besides the money due under the above
policy for which evidence of title, such as
Succession Certificate is or has to be/been obtained?

- (b) Was the deceased insured with any
other Unit or Divisional/Branch Office of the (b)
Corporation? If so state
- (i) The name of the Unit or Divisional/ (i)
Branch Office.
- (ii) Number/s of the policy/ies and amount (ii)
due under each of such Policy/ies and.
- (iii) Name/s of the Assignee/s or Nominee/s (iii)
under the above policy/ies.

Note : In the case of Hindus, if any of relations mentioned in statement 5 herein were adopted, please state full regarding such adoption.

5- Has the deceased left any of the following relations and if so, give their full names and ages.

	Full Name	Age
(a) Sons	(1)	
	(2)	
	(3)	
	(4)	
(b) Daughters	(1)	
	(2)	
	(3)	
	(4)	
(c) Widow or widows/widower		
(d) Mother		

(e) Sons, Daughters and Widows or pre deceased sons, (i.e. of sons who died before the Assured)		
(f) Sons & Daughter of pre-deceased daughters (i.e. of daughters who died before the Assured)		
(g) Sons, Daughters and widows of pre deceased sons of pre deceased sons.		
(h) Father		
(i) Brothers		
(j) Sisters		

If any of the aforesaid relations are minors, state with whom the minors are living and by whom they are being maintained

5(B) - Note - This Information is Required

6- If the deceased has not left any if the aforesaid relatives, but has left remoter relations such as Grand parents, Brother's or Sister's children etc. give the names and ages of all such remoter relations.
7- State which of the relatives as noted in answer to Questions 5 and 6 are Claimants to the Policy moneys and whether there is any dispute between any of the relatives in this connection.
8- Give the full name, age and address of a person of sound financial standing who is prepared to execute an indemnity bond jointly with the heirs of the deceased.

Dated at this day of 200.....

WITNESS

Name	Signature
Designation	Address
Address
.....

N.B. This application must be countersigned by a Doctor, a Bank Manager, a Head Post Master or a Departmental Sub Post Master (but not a branch Post Master) a Cle. gyman Gazetted Officer, a President of the Local Board, a Chief Executive Officer of a Municipality, a Justice of the peace, a Magistrate, a Commissioner of Oaths, a Notary Public, Collector, a Judge, a Headmaster of High School, an Advocate, a President of a Village Panchayat, or an Officer or a Superintendent or a Development Officer (Who is confirmed and has served for at least five years as a Development Officer) of the Corporation provided he knows the applicant.