

رأس المال المدفوع ٢٠٠٠،٠٠٠ ديثار بحريثي س.ت. ٢٦٦٠ بناية على الوزان شارع الخليفة، ص. ب ١٩٨٤ المنامة. مملكة البحرين مانف: ٢٠٢٠١٧٢١ ٩٧٣ +. فاكس: ٢٩٢١ ١٥٧٧ ٩٧٢

Paid up capital BD 20,000,000, C.R. No. 21606 Ali Al Wazzan Bldg., Al-Khalifa Avenue, P.O. Box 584, Manama, Kingdom of Bahrain. Tel.: +973 17210610, Fax: +973 17211577,

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(TO BE COMPLETED BY THE LIFE ASSURED/PROPOSER/CLAIMANT UNDER A POLICY WHERE DUPLICATE POLICY IS TO BE ISSUED OR DEATH CLAIM/MATURITY CLAIM/SURRENDER VALUE IS GOING TO BE SETTLED WHERE ORIGINAL POLICY BOND IS LOST/MISPLACED)

Policy Number: Name of the	e Life Assured :
1. Under what circumstances the policy was misplaced or	lost?
2. What efforts have been made to trace the policy?	
3. Have you assigned the policy to any person, Bank, Instigute particulars thereof.	titution etc or dealt with the policy in any other way? If so
4. Did you/proposer claim cash option /surrender value or loan under this policy earlier?5. I enclose last letter/receipt received by me from LIC International BSC (C) (if any)	
Dated at this	day of20
Witness Signature	Signature of Life Assured/Proposer/Claimant
Full Name: -	Full Name: -
Occupation: -	Occupation: -
Address: -	Address: -

- If the person signs above query form in vernacular or affixes his/her thumb impresson, the witness should also certify that the contents of this form is explained to the declaring in vernacular and he/she affixed his/her signature/thumb impression hereto after fully understanding the same.
- This declaration must be completed before the authorities who are allowed in settlement of death claim discharge form no 3001.
- Declaration may be obtained in regional language but in case of dispute in respect of interpretation of the contents, English version shall stand valid.