

**LIFE INSURANCE CORPORATION (INTERNATIONAL) B S C (C)**  
**(C.R. NO. 21606, P.O, BOX 584, MANAMA, BAHRAIN)**

TO ALL TO WHOM these presents shall come -----

(Full name and address of Policyholder) inhabitants send Greetings. WHEREAS a policy of Insurance Numbered \_\_\_\_\_ for \_\_\_\_\_ (sum assured) was granted on \_\_\_\_\_ (date of commencement) by the LIFE INSURANCE CORPORATION (INT'L) B S C (C) (hereinafter referred to as the Company) on the life of \_\_\_\_\_ (full name of Assured) and where on the said \_\_\_\_\_ (name of policyholder) solemnly affirming that the said Policy which was lost \_\_\_\_\_ (brief statement of the circumstances of lost) was not assigned, mortgaged or dealt within any other manner and undertaking to return to the company the original Policy if the original Policy is recovered subsequently and whereas the said company has on the said \_\_\_\_\_ (name of Policyholder) undertaking to enter into with the said Company a Covenant of the nature hereinafter appearing agreed to issue to him the said \_\_\_\_\_ (name of policyholder) the duplicate of the said Policy No. \_\_\_\_\_ NOW KNOW YET AND THESE PRESENTS 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 said duplicate of the said policy No \_\_\_\_\_ to the said \_\_\_\_\_ (name of Policyholder) he /she the said \_\_\_\_\_ (name of Policyholder) do hereby for himself/herself, his/her heirs, executors or administrators Covenant with the said Company, its successors and assigns that he/she the said \_\_\_\_\_ (name of Policyholder) his/her 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 kind whatsoever 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 Number \_\_\_\_\_ and by reason of anything in relation to the premises.

IN WITNESS WHEREOF the said \_\_\_\_\_ (name of Policyholder) has hereunto put his/her hands at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signed and delivered by the within-named

\_\_\_\_\_ (Signature of life assured)

In the presence of (Witness):

1. Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

2. Signature: \_\_\_\_\_  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

