



भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

[Established by the Life Insurance Corporation Act, 1956]
Bombay Divisional Office, Group & Superannuation Department

CERTIFICATE OF EXISTANCE

Annuity No:

To be completed on or after |

(THIS FORM IS TO BE COMPLETED BY FRIEND/RELATIVE OF THE ANNUITANT)

I..... hereby certify that
Sri/Smt..... son/daughter of
..... was alive on.....
having personally seen him/ her on or after that day.

Place..... Date.....

Signature of Declarant Designation.....

Address

Witness Signature Designation.....

Address: