Cosmo 120 Pads 10/2006

Form No. 3510

भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Unit :

Divisional Office.....

Policy No. _____

I/We hereby declare that I/We have not served on any Office of the Life Insurance Corporation of India any notice of assignment or reasignhment in respectof the above Policy except those, if any, already registered by the Life Insurance Corporation of India, or the Insurer who issued the above Policy nor shall I/We serve on any office of the said Corporation, any notice of assignment or reassignment before payment of the loan/Surrender value.

Signature of Assured _____

Signature of Assigne[s] _____

Date _____

कृपया इस फार्म के हिन्दी अनुवाद के लिए पीछे देखिए।