



भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

Ahmedabad Divisional Office

Policy No. _____

Branch _____

CERTIFICATE OF EXISTENCE

(This form should be signed by a friend or relative of

Mr. _____)

I, _____

hereby certify that _____

son of _____

was alive on _____ having personally seen
him/her on or after that day.

Dated at _____ this _____ day of _____ of 200

Signature : _____

Designation : _____

Address : _____

Witness : _____

Designation : _____

Address : _____

Form No. 3827

Rimpal : 25x100-05