

**DECLARATION**

I,..... (Name), .....  
.....  
..... (Official/Residential Address) hereby solemnly  
affirm and declare that the original State Life Insurance Policy .....  
(Policy No) issued in favour of me / Shri/Smt.....  
said to have forwarded by the Director of Insurance, Kerala State / District Insurance  
Officer, ..... is irrecoverably lost/damaged/not received.  
I have made sincere attempt to search the original Policy, but turned futile. I undertake to  
surrender the original Policy as and when received or recovered.

Signed on the ..... day of ....., 20.....

Signature : .....

Witnesses: -

- 1. ....  
.....
- 2. ....  
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