

LIFE INSURANCE CORPORATION OF INDIA

_____ OFFICE

FORM OF APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE

Pradhan Mantri Jan Dhan Yojana (PMJDY) life cover on the life of _____ (name of the deceased) for Rs. 30000/-

I _____ (name of the Claimant) relation _____ (relation with deceased) of the above named _____ (name of deceased) do hereby solemnly declare that the above insured member of PMJDY died intestate and I request that legal evidence of title required in terms of the above policy be dispensed with and I hereby solemnly declare that the following statements are true to the best of my knowledge and belief:

Full name, address and occupation of the deceased at the time of his death	
Religion of the deceased	
When and where did he die	

Has the deceased left any of the following relations, and if so, give their full names and ages

Details	Full name	Age
Son	1	
	2	
	3	
	4	
Daughter	1	
	2	
	3	
	4	
Widow or widows / widower		
Father		
Mother		