5

LIFE INSURANCE CORPORATION OF INDIA
Channai Division - 1

AFFIDAVIT FORMAT FOR NAME / SURNAME/ INITIAL CORRECTION

I _____ (Name) _____ S/O, D/O, W/O _____ (Father's/Husband's Name) _____ aged _____, residing at _____ (Address) _____ do solemnly affirm and sincerely state the following:

I have taken a LIC policy _____ (POLICY No) _____ in the name of _____ (Name) _____ on ____ (Date of Policy) _____. Subsequently I have changed my Name/Surname/Initial as _____ (Name) _____ for the reason _____

I hereby declare that _____ (OLD NAME) _____and _____ (NEW NAME) _____refers to one and the same person and henceforth the new name will be used for all purposes in future.

I hereby affirm to keep THE LIFE INSURANCE CORPORATION OF INDIA harmless and indemnified in any event on account of change in the above name under the policy.

The above facts are true and correct to the best of my knowledge and I will remain solely responsible for the legal consequences and also for any other misrepresentation thereof.

Dated at _____ this _____day of _____ 20____

NOTE: The above Affidavit with self attested photo to be notarized with a nominal fee as applicable in the state of Tamil Nadu.)