



भारतीय जीवन बीमा निगम

**Life Insurance Corporation of India**

[Established by the Life Insurance Corporation Act, 1956]  
Bombay Divisional Office, Group & Superannuation Department

**CERTIFICATE OF EXISTANCE**

Annuity No:

To be completed on or after |

(THIS FORM IS TO BE COMPLETED BY FRIEND/RELATIVE OF THE ANNUITANT)

I..... hereby certify that

Sri/Smt..... son/daughter of

..... was alive on.....

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

Place..... Date.....

Signature of Declarant .....

Designation.....

Address .....

Witness Signature .....

Designation.....

Address: .....