



LIFE INSURANCE CORPORATION OF INDIA
BRANCH NO 883

REF: 883/NB

DATE: _____

TO,
BRANCH MANAGER
BRANCH 883

DEAR SIR,

RE: POLICY NO _____

I HEREBY ACKNOWLEDGE THE RECEIPT OF POLICY BOND OF ABOVE
MENTIONED POLICY NOS. THROUGH AGENT/ DO
SHR/SMT. _____

THANKING YOU,

YOURS FAITHFULLY,

SHR/SMT _____