

_____, _____ do hereby declare that I have applied for the issuance of duplicate policy against my policy number _____ as I have not received the original policy bond till date.

I further declare and agree that on receipt of this duplicate policy I will not apply for cancellation of this policy under free look clause. I also undertake that I will not raise any legal dispute whatsoever regarding non availability of Free Look Cancellation option under the duplicate policy.

I further declare and undertake that I or my legal representatives of whatsoever description shall never raise any legal dispute whatsoever against SBI LIFE INSURANCE COMPANY LIMITED or its employees or Officers or Directors or Representatives of whatsoever description having regard to cancellation of the policy under free look clause.

I further state that I have carefully read understand the contents hereof, and sign this consent letter on my own free will.

Name :

Address:

Signature of the Person
making the Declaration