

**LIFE INSURANCE CORPORATION (INTERNATIONAL) B S C (C)**  
**KINGDOM OF BAHRAIN**

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Policy No.....

**CERTIFICATE OF EXISTENCE**

( This form should be signed by a friend or relative of :

Mr.....

I.....

hereby certify that .....

Son / Daughter of .....

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

Dated at.....this.....day of .....20....

Witness Signature.....

Declarant Signature.....

Name .....

Name.....

Designation.....

Designation.....

Address.....

Address.....

.....

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Tel No.....

Tel No.....

**Note: The declarant must attach a copy of either Passport or Identity Card or Ration Card.**