



भारतीय जीवन बीमा निगम, मंडल कार्यालय, पंडरी, रायपुर (छग) 492004

(To be provided on Vendor's Letterhead compulsorily)

DECLARATION

1. I / We request Life Insurance Corporation of India, Divisional office – Raipur, Chhattisgarh to consider inclusion of my / our name in the list of their approved Firm / Supplier / Service Providers. I / We agree to give full satisfaction to the Corporation in event of their doing so.
2. I / We have read the instructions and I/ We understand that the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me/ us can be treated as invalid at the sole discretion of the LIC and I/ We will be solely responsible for the consequences.
3. I/ We agree that the decision of the LIC in selection of Firm/ Suppliers /Service Providers/ Manufacturers/ Vendors will be final and binding on me/us.
4. All the information furnished by me here under is correct to the best of my/ our knowledge and belief.
5. I/ We agree that I/ We have no objection if inspection of my/ our premises/ workshop/ shop etc. is done by the officials of the LIC.

Date at -----this-----day of-----2024

Signature of Tenderer / Vendor with Seal