



STATE LIFE

INSURANCE CORPORATION OF PAKISTAN
Registered & Supervised by the Securities
& Exchange Commission of Pakistan
KARACHI SOUTHERN ZONE
State Life Building No. 2, P.O. Box 4599
Wallace Road, Karachi-74000

Telephones : 99217022
99217039
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Claim Form C

CERTIFICATE OF IDENTITY

Policy No: _____ Name of the Claimant: _____

Instructions for completion of this form:

- ◆ This form is to be completed by a person who know the deceased life insured but is not related to him or her and has no interest in the policy moneys.
- ◆ Please provide complete information. Incomplete and blank form will not be entertained.
- ◆ Please fill in the form with clear and tegible handwriting and avoid cutting and overwriting.

I _____
do hereby declare that I know
Mr/Mrs/Ms _____
son/daughter/wife of _____
residing at _____
prior to his or her death for the last _____ years and _____ months and that he or she died aged
about _____ years at _____ on the
_____ day of _____ 201 _____ after suffering _____
for _____ years and _____ months. His/Her personal appearance was as follows:

I am satisfied that he or she is the same person who was described in the policy issued by the State Life Insurance Corporation of Pakistan in the year _____ and on whose death the above named claimant is now making a claim on the State Life.

Signed at _____ this _____ day of _____ 201 _____

Signature: _____ Name: _____

Address: _____

Phone No: _____ Fax No: _____ CNIC No: _____

Attestation:

The statement below must be signed by a Gazetted Officer, Nazim, Naib Nazim, Cheif Executive Officer of Municipality, Justice of Peace, Magistrate, Collector or Judge of the Place or district where the death took place or an officer of State Life (not below the rank of Assistant Manager on the administrative side or Area Manager on Marketing side), if he or she knows the claimant.

I certify that the claimant has signed it before me and I have verified his/her CNIC.

Signature with seal: _____ Date: _____

Name: _____

Address: _____

Phone No: _____ Fax No: _____ CNIC No: _____