

Annexure - II

## STATE LIFE INSURACNCE CORPORATION OF PAKISTAN GROUP & PENSION, KARACHI ZONE CLAIM FORM FOR RETIREES GOVERNMENT OF SINDH

		6th Floor, State Life Building No. 2 allace Road, Off I.I. Chundrigar Road, Karachi
Claim No. GOS	Phone No. 0	21-99217176,021-99217057 & 021-99217056
Full Name of the Deceased		
Father's / Husband 's Name		
Designation	_ N.P.S. No. / Grade (at the time of retirement)	Sum Assured
Last Basic Pay Drawn		
Date of Appointment	Date of Birth	
Date of Retirement	Date of Deat	th
Name of Recipient of Family Pension	onNIC/ CNIC.	No
Bank Account No of Claimant	Bank Branch Address _	
Postal Address of Claimant		
Postal Address of Department		

The above particulars of the deceased employee of Government of Sindh have been verified from his personal record and it is further certified that this claim is genuine.

## VERIFIED BY AUTHORISED OFFICER <u>Enclosures:</u>

## SIGNATURE & SEAL OF HEAD OF THE DEPARTMENT

- a. Attested Copy of Death Certificate.
- b. Claim Form (Annexure II) duly completed and signed by the concerned officer and verified by authorized officer as per FD Notifications No. FD(B&E-ix)/1-8/2005-06 dated 15 Oct 2005 & 2<sup>nd</sup> Feb 2006.
- c. Attested copies of NIC / CNIC of deceased and Nominee / recipient of family Pension / Successor / Guardian.
- d. Original attested photo copy of Pension Book.
- e. In case of retired employees whose pension was under process or there is no recipient of family pension the claim will be paid to the family as defined by Sindh Civil Servants Welfare Fund Ordinance 1979. (Annexure "D")

Note: All the above documents should be attested by any Gazetted Officer.