



STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
Registered & Supervised by the Securities
& Exchange Commission of Pakistan
KARACHI SOUTHERN ZONE

Telephones : 9217005
Fax : 9217025
Email : slicksz@cyberaccess.com.pk

STATE LIFE BUILDING NO. 2, P.O. BOX NO. 4599 WALLACE ROAD, KARACHI-2

Date _____

DISCHARGE OF POLICY

RECEIVED from the State Life Insurance Corporation of Pakistan a sum of Rs. _____
claim proceeds under Policy No. _____ on the life of Late
Mr./Mrs./ _____

The cheque may be sent to my Bankers _____

for credit to my S.B./CURRENT/PLS Account No. _____

Signed at _____ this _____ day of _____ 20 _____

Witness :

Signature

Signature of Claimant

Name _____

Name _____

Designation _____

Address _____

Address _____

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Please mention your National Identity Card No, Send an attested Copy there of if not submitted before.

**PLEASE ATTACH AN ATTESTED
CNIC COPY OF WITNESS**

BANKER'S CERTIFICATE

Certified that Mr./Mrs. _____

signature as claimant appears above maintains his / her SB / Current / PSL Account

No. _____ with us and his / her signature is verified.

Dated _____

Manager of the Bank
Official Seal

STATEMENT OF ACCOUNT

TOTAL PAYMENTS :

Sum Assured : Rs. _____
Accident Death Benefit : Rs. _____
Bonuses : Rs. _____
Survival Benefit Rs. _____
Special Bonus Rs. _____

TOTAL RECOVERIES :

Total Rs. _____

Sum

a) Premiums due _____

b) Late fee _____ Rs _____