

## **DISCHARGE OF POLICY**

RECEIVED from the State L	ife Insurance Co	orporation of P	akistan a s	sum of Re	ì		
On account of claim proceed	ds under Policy I	No		on	the life o	of Late N	/lr/Mrs/
		The chequ	e may be s	sent to Ba	ankers_		
For credit to my S.B/Current	/PLS/IBAN Acco	ount No					
Signed at	this	day of	2	0			
Witness:							
 Signatures					(Sign	ature o	f Claimant)
Name:		_					
Designation:		_	Name:				
Address:		_	Address	:			
		Please mer an attest	ntion your Ned copy the		_		
		ER'S CERT	IFICATE				
Certified that Mr/Mrs.				signat	ure as c	laimant	appears
above maintains his/her SB/with us and his/her signature		count No					
Date:	_				Ма	_	of the Bank al Seal
		EMENT OF	ACOUNT	 • -			
TOTAL PAYMENTS:							
Sum Assured				Rs			
Accidental Death Benefit Bonuses				Rs			
Survival Benefit				Rs			
Special Bonus				Rs			

