



DISCHARGE OF POLICY

RECEIVED from the State Life Insurance Corporation of Pakistan a sum of Rs. _____

On account of claim proceeds under Policy No. _____ on the life of Late Mr/Mrs/
_____. The cheque may be sent to Bankers _____

For credit to my S.B/Current/PLS/IBAN Account No. _____

Signed at _____ this _____ day of _____ 20_____

Witness:

Signatures

Name: _____

Designation: _____

Address: _____

(Signature of Claimant)

Name: _____

Address: _____

[illegible]

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

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.

Date: _____

Manager of the Bank
Official Seal

STATEMENT OF ACCOUNT

TOTAL PAYMENTS:

Sum Assured

Accidental Death Benefit

Bonuses

Survival Benefit

Special Bonus

Rs. _____

Rs. _____

Rs. _____

Rs. _____

Rs. _____