

STATE LIFE INSURANCE CORPORATION OF PAKISTAN

State Life Building 15-A Sir Agha Khan Road, (Davis Road) Lahore. GROUP & PENSIONS DIVISION

| For Office Use Only | |
|--|--|
| Certificate No. Date: | Registration No. Date: |
| Please tick | |
| Application for Insurance of Pakistani E | migrants Proceeding Abroad For Employment. |
| Application for Insurance Pakistani Emi | grants Registered Abroad By Pakistani Mission. |
| Application for Renewal of Insurance of | Pakistani Emigrants Working Abroad. |
| Name Of Applicant | TALIB HUUSAIN |
| Father's/Husband's Name | ALLAH DINO |
| Date & Place Of Birth | 06 / 03 / 2025 |
| N.I.C No | 4 3 5 0 3 0 4 6 4 3 3 3 9 |
| | No. LT6913331 Issued Apr 26, 2023 |
| Particulars Of Passport | Date Apr 26, 2023 Place KASHMORE |
| Turdodiaio off adoport | Occupation Job |
| | VILLAGE FAQEER MUHAMMAD KHAN CHAKRANI |
| Postal Address In Pakistan For Dispatch Of | POKAND KOT KHUJAL TEHSIL KAND KOT DISTT |
| Insurance Certificate | KASHMORE |
| Address Abroad | Adrees |
| Name And Address Of The Employer Abroad | Adrees |
| | Name AZMIYA |
| Particulars Of Person To Whom Insured | 4 3 5 0 3 0 4 6 4 3 3 3 9 |
| Amount Is Payable In The Event Of Death Of The Insured Person | |
| The hisured Person | Relation with Emigrant Wife Address |
| Amount Of Insurance | Rs. 1,000,000/-(Rupees One Million Only) |
| | Two years |
| Period Of Insurance | |
| Date Of Commencement/Renewal Of Insurance | Apr 26, 2023 |
| Amount Of Premium Paid | Rs. 2500/- (Rupees Two Thousand Five Hundred only) |
| Details Of Previous Insurance Certificate | Reg. Date: |
| | |
| | in the application form are true & correct. In case of |
| | e right to cancel issued on the basis of this FORM 'G' I understand that in case of issuance of two or more |
| insurance certificates to me the claim will be pay | able on only one insurance certificate. |
| | overage will commence from the date of issuance |
| Signed On This Day | rporation. of at In Presence |
| of Witness | |
| | 0 |
| | Signature/L.T.I. Of The Emigrant with Date |
| Witness Name:Sign | |
| Attested By | |

CWA/Deal and Signature