



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

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Application for Insurance of Pakistani Emigrants Proceeding Abroad For Employment.

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Application for Insurance Pakistani Emigrants Registered Abroad By Pakistani Mission.

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Application for Renewal of Insurance of Pakistani Emigrants Working Abroad.

Name Of Applicant	MUHAMMAD WASEEM RAJA
Father's/Husband's Name	MUHAMMAD SHABBIR
Date & Place Of Birth	2000-02-11
N.I.C No	3 3 1 0 2 5 9 5 3 3 3 9 1
Particulars Of Passport	No. CM9593391 Issued 2018-05-02 Date 2018-05-02 Place LAHORE Occupation Job
Postal Address In Pakistan For Dispatch Of Insurance Certificate	SATIYANA ROAD HOUSE NO 267 MUHALLAH YOUNAS TOWN FAISALABAD TEHSIL FAISALABAD DISTT FAISALABAD
Address Abroad	Adrees
Name And Address Of The Employer Abroad	Adrees
Particulars Of Person To Whom Insured Amount Is Payable In The Event Of Death Of The Insured Person	Name _____ Relation with Emigrant _____ Address _____
Amount Of Insurance	Rs. 1,000,000/-(Rupees One Million Only)
Period Of Insurance	Two years
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: _____

I hereby declare that the particulars given above in the application form are true & correct. In case of any misstatement state life/bureau shall have the right to cancel issued on the basis of this FORM 'G' and take any legal action which it may deem fit. I understand that in case of issuance of two or more insurance certificates to me the claim will be payable on only one insurance certificate.

Note: In case of registration abroad the coverage will commence from the date of issuance certificate by state life insurance corporation.

Signed On _____ This Day _____ of _____ at _____ In Presence of Witness _____

Signature/L.T.I.
Of The Emigrant with Date

Witness Name: _____ Sign _____ N.I.C. No. _____
Attested By _____

CWA/Deal and Signature