



# 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	Freda Kirlin
Father's/Husband's Name	Hayley Franey
Date & Place Of Birth	2024-07-11
N.I.C No	4 6 5
Particulars Of Passport	No. <u>LT6913331</u> Issued <u>Apr 26, 2023</u> Date <u>Apr 26, 2023</u> Place <u>KASHMORE</u> Occupation <u>Job</u>
Postal Address In Pakistan For Dispatch Of Insurance Certificate	VILLAGE FAQEER MUHAMMAD KHAN CHAKRANI POKAND KOT KHUJAL TEHSIL KAND KOT DISTT KASHMORE
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 <u>AZMIYA</u> 4 3 5 0 3 0 4 6 4 3 3 3 9 Relation with Emigrant <u>Wife</u> 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