



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 Emigrants Proceeding Abroad For Employment.
- Application for Insurance Pakistani Emigrants Registered Abroad By Pakistani Mission.
- Application for Renewal of Insurance of Pakistani Emigrants Working Abroad.

Name Of Applicant	FALIK SHER													
Father's/Husband's Name	MUHAMMAD MURAD													
Date & Place Of Birth	1992-11-08													
N.I.C No	3	3	2	0	3	2	9	3	6	3	0	8	7	
Particulars Of Passport	No. QQ5123081							Issued 2024-02-12						
	Date 2024-02-12							Place JHANG						
Postal Address In Pakistan For Dispatch Of Insurance Certificate	PO KHAKI LAKHHI NAUSHERA TEHSIL SHOR KOT JHANG													
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 QAISER ABBAS													
	3	3	2	0	3	8	5	9	4	5	7	8	5	
	Relation with Emigrant brother													
	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