

DECLARATION IN RESPECT OF PROPOSAL / POLICY NO. _____

Name _____ **National Identity Card No.** _____

Date of Birth _____ **Place of Birth** _____

1. What illness or injury have you had since the date of your first declaration? Give details date, duration etc. Yes No
2. What deaths have there been in your family (parents, brothers, sisters, spouse or children) since the date of your first declaration? Give age at death, cause of death and duration of illness. Yes No
3. Have you ever made a proposal for insurance on your life which has not been accepted at ordinary rates or under the plan and term proposed? Yes No
4. Are you now in good health? Yes No

FOR FEMALES

5. Are you pregnant at present? Yes No

If any of the above question is answered "Yes" or Question # 4 is answered "No" Please give details below:

DECLARATION

I, The undersigned hereby declare that :-

1. The statements made herein and in my previous declarations are true and I have not concealed, reserved any information effecting the risk of assurance under this Proposal / Policy.
2. From the date of my first declaration till this day, I have had no illness or injury nor there has been any change in my personal and family history except as declared.

And I do hereby agree that :-

1. This declaration together with all declaration made or to be made me in respect of this Proposal / Policy shall form the basis of the contract between me and the State Life Insurance Corporation of Pakistan.
2. If any untrue statement be contained in any of my declarations, all moneys which shall have been paid on account of said Insurance shall be forfeited to the State Life and the assurance shall be absolutely null and void.
3. Any payment made be me in advance and acknowledged by the State Life provisionally shall be treated as deposit involving no liability to the State Life until and unless the State Life acting upon this declaration shall have adjusted the same as premium by issuance of a property stamped receipt during my life time and good health.

AUTHORIZATION

I, hereby authorized any hospital, physician, surgeon or any other person who has attended me or may attend in future to give the State Life Insurance Corporation of Pakistan, all knowledge and information which was thereby acquired including the history obtained and the diagnosis made.

Signature of Witness _____

Name _____

Father's Name _____

Usual Signature of the Proposer/Life Insured

CNIC. _____

Address _____

Place _____ dated _____

(Signature of the Policyholder)