STATE LIFE INSURANCE CORPORATION OF PAKISTAN
PHS DIVISION - PRINCIPAL OFFICE - KARACHI
1st Floor, State Life Building No. 9, Dr. Zia-ud-Din Ahmed Road, Karachi.
Phone : 021-99202838-99202873, 99202878, Fax : 021-99202826 Email: dgmphs@statelife@com.pk

CONFIDENTIAL REPORT BY SALES MANAGER/AREA MANAGER IN LIEU OF FMR ON THE LIFE OF ILLITERATE PROPOSED

- NAME OF LIFE PROPOSED _____ PROPOSAL NO. _____
- SUM ASSURED _____ Table/Tram _____

1.	Is the life proposed related to you?
2.	If "NO" how long have you known the life proposed?

Answer the following based on your Professional Experience and Personal Observations:

3.	Have you noticed any visible scars, marks, abnormalities. signs of physical /physiological impairment ?	
4.	Does the life proposed appear healthy & fit in all respect? If found otherwise state details ?	
5.	Do the measurements & weight as mentioned in proposal , seem consistent with individual's appearance?	
6.	Do you think that proposed has ample financial standing and Social repute in the community?	
7.	Is there any indication of existence of " Moral Hazard" in this case?	
8.	The thumb impression on the proposal is in fact of the life proposed as claimed?	
9.	Do you recommend the proposed (or medical check-up (FMR)? If "YES" specify details.	
10.	Any Additional observations requiring further scrutiny.	

Declaration by Sales Manager:

I do hereby declare that the above proposal is canvassed by me and that I am satisfied with the identity of the life proposed. I also declare that the forgoing statements are correct and true to the best of my belief and knowledge.

I have verified to the best of my knowledge, that the identify of prospect is not fictitious, it is my recommendation that the above proposal be exempted from FMR and accepted, based on the information provided by the proposed and verified by me as above. In the event of a claim, if dis-information is proved I agree to bear" full responsibility " for any losses incurred to the Corporation.

Dated: _____ Signature: _____

Place _____ Stamp _____

Countersigning by Area Manager / Sector Head

I hereby certify to the authenticity of the above report and recommend the above case for approval. I have read the *'Declaration'* above and agree with the terms & conditions declared. I understand that by signing below I agree to share the responsibility as stated in the last para of the Declaration

Dated: _____ Signature: _____

Place _____ Stamp _____

PHS/PO