STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
KARACHI CENTRAL ZONE

6th & 7th Floor,
State Life Building # 11,
Abdullah Haroon Road,
Saddar, Karachi.
Telephones: 99205126
Fax : 99205125

DECLARATION IN RESPECT OF PROPOSAL / POLICY NO. .....

Name _____ National Identity Card No. _____

Date of Birth _____ Place of Birth _____

1. What illness of injury have you had since the date of your first declaration ? Give details-date, duration etc. _____

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. _____

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 ? _____

4. Are you now in good health ? _____

FOR FEMALES

5. Are you pregnant at present ? _____

APPLICATION TO CHILD PROTECTION PLAN

6. Is your child now in good health ? _____

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 by 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 by 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 properly stamped receipt during my life time and good health.

I, hereby authorised 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 _____

N.I.C. No. / Code No. _____

Address _____

_____

_____
Usual Signature of the Proposer / Life Insured

Place _____ Date _____