STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

Established under article 11(1) of the life insurance nationalization order 1972 (P.O 10 of 1972)

Zonal Office:

Proposal No.
Serial No.

KNOW YOUR CUSTOMER FORM
INDIVIDUAL LIFE

ANNEXURE A

IMPORTANT:
Please use capital letters and black ink.
Tick the appropriate box to indicate your choice.

Proposed Life Insured 's / Policyholder's full name (IN CAPITAL LETTERS)			Prefix
First Name	Second Name	Last Name	

Computerized National ID Card No.
☐☐☐☐☐☐☐☐☐☐☐☐☐

Father's / Husband's Name:

Nationality: ☐ Pakistani ☐ United States of America ☐ Other _____ (Please specify)

Resident: ☐ Pakistan ☐ Other _____ (Please specify)

Passport No. _____ if nonresident Pakistani, please Complete separate CRS – Certification form.

Foreign Account Tax Compliance Act (USA) – Information for United States Person only.

Are you a United States person?

Generally a United States person is:	Yes	No
A citizen or resident of the United States.	☐	☐
A United States partnership / Corporation.	☐	☐
An estate that constitutes a United States estate	☐	☐
Place of birth is in United States.	☐	☐
Any trust if: A court within the United States is able to exercise primary supervision over the administration of the trust and one or more United States person(s) have the authority to control all substantial decisions of the trust.	☐	☐

If yes, complete CRS and W-9 form separately.

Are you a politically exposed person (PEP) or a family member / close relative or a associate of PEP?	☐ Yes	☐ No
Did you spend a minimum of 183 days in US during the last 3 year period? If so, expiry of overseas card:	☐ Yes	☐ No
Have you given power of attorney / mandate to any person? If so, overseas contact No: _____	☐ Yes	☐ No
Have you renounced your Foreign citizenship/residency? If so, details: _____	☐ Yes	☐ No
IRS Form (W-BEN / W-9) submitted		

	☐ Yes ☐ No

Note: In case of third party insurance contract, a seperate Know your customer (KYC) form is required to be submitted.

DECLARATION

This additional questionnaire is the part of proposal form under reference.

Singed at _____ Date: _____

Signature of life proposed with thumb impression

Signature with thumb impression of Proposer
(If other than life proposid)

Witness's signature: _____
(With rubber stamp)
Name: _____
Futher's name: _____
CNIC No. _____
Address: _____

LTI or RTI (Male or Female)

LIFE
a Corporation of Pakistan
ISLAMABAD ZONE

FOREIGN ADDITIONAL QUESTIONNAIRE FORM

Additional Questionnaire to form part of Proposal on the life Mr. _____ S/O _____

Complete Address: -

_____

_____

_____

Q. Your employer's full particulars with complete address and P.O. Box No:

A. _____

_____

Q. Your monthly total remuneration in Rials / Dollars.

A _____

I declare that the above informations are true and nothing else concealed. I further declare that since signing the proposal and related declarations there has been no change in state of my health and family history.

_____
DECLARANT/LIFE PROPOSED

Witnesses:

Employer's Signature _____

Name: _____
With Official Stamp

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STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
KARACHI CENTRAL ZONE

Al-Farhan Tower,
Plot # D-15, Block-H,
Near 5 Star Chowrangi,
North Nazimabad, Karachi.
Tel: 99260021
Fax: 99260012

NON-RESIDENT LETTER

Date: _____

The Manager
New Business Department,
State Life Insurance Corporation of Pakistan
Karachi Central Zone

Re: Life Insurance Proposal #

I Have to inform you that I am residing abroad and will remit premium under the above insurance through any Non Resident Bank Account in Pakistan from abroad through normal barking channel has required by the State Bank of Pakistan.

_____ _____

Signature of the Witness *Signature of the Prosper*

Full Name: _____

NIC/ Code # _____

Address _____

_____

NB-500

CRS self-certification form (Individual Life) – *(please complete part 01 in BLOCK CAPITALS)*

PART 1 PARTICULARS OF POLICYHOLDER (ACCOUNT HOLDER)

Policy (Account) Number:

Family Name: | Given Name:

Identity Card/Passport No.: | Date of Birth (DD/MM/YYYY):

Residential address:

City: | Postal Code:

Mailing address, if different from residential address:

City: | Postal Code:

Contact Number: (Cell) (O) (H)

Email Address:

PART 2 DECLARATION OF TAX RESIDENCY AND IDENTIFICATION NUMBER(S) FOR REPORTABLE ACCOUNT(S)

CRS Declaration of Tax Residency	Please note you can tick more than one
I am a tax resident in Pakistan*	
I am a tax resident of other jurisdictions*	

* Please provide below the list of all the countries in which you are a resident for tax purpose and the associated Tax Identification Number ("TIN")

Country of Tax Residence	TIN	If TIN is not available, please select one of the reasons^ below.

^ Reason why TIN is not available

Reason A – The country does not issue TINs to its residents
Reason B – Unable to obtain TIN or equivalent number. Please tell us why in the box below

Reason C – TIN is not required. (Note: To be selected only if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Declaration and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Policyholder/account holder's relationship with State Life Insurance Corporation of Pakistan setting out how State Life Insurance Corporation of Pakistan may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Policyholder/account holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Policyholder/account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Policyholder/account holder (or am authorized to sign for the Policyholder/account holder) of

all the policy (ies)/account(s) to which this form relates

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise State Life Insurance Corporation of Pakistan within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide *State Life Insurance Corporation of Pakistan* with a suitably updated self certification and Declaration within 90 days of such change in circumstances.

Signature:	Date (DD/MM/YYYY)

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a Power of Attorney, please also attach a certified true copy of the Power of Attorney

Capacity of Signatory: Assignee | Trustee | Beneficiary

Others (please specify) _____