STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
KARACHI CENTRAL ZONE
6th & 7th Floor, State life Building #11,
Abdullah haroon Road,
Saddar, Karachi.

Tel : 99260021
Fax : 99260012

Dated: _____

Letter of Acceptance

Dear Proposer,

Sub: **Proposal No.** _____

Proposer Name _____

We have examined, above proposal, Based on the Medical Reports it is acceptable on certain modified terms as show below.

Thus the risk will be covered on reciept of duplicate copy of this letter duly signed by you and witnesses together with the deposit of Rs._____ and subject to the conditions printed overleaf.

Yours faithfully,

Manager (NB)

Terms	
As Proposed by you	Counter offered by the State Life

The terms of counter offer by the Corporation as above are acceptable to me.

Dated _____

Witness _____

Name _____

Address _____

_____
Proposer / Life Proposed

_____
Thumb Impression

NB-001
KCZ

STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
Registered & Supervised by the Securities & Exchange Commission of Pakistan
KARACHI SOUTHERN ZONE

Telephone : 99217001-19
U.A.N. : 111-555-888
Telegrams : BEEMAZINDAGI
E-mail : phskszn@statelife.com.pk

STATE LIFE BUILDING NO. 2, P.O. BOX 4599, WALLACE ROAD, KARACHI-74000

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

Name _____ National Identity Card No. _____

Date of Birth _____ Place of Birth _____ Mobile No. _____

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 no 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 his 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 paymnet made by me in advance and acknowledged by the State Life Provisionally shall be treated as deposit involving no liability to the State Life Unit 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 authorise 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 hereby 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 _____

Endorsement

1) Lapsed / Revived Policies

In consideration of Revival of policy It _____ I undertake that I will not ask for the policy loan or surrender value under this policy before passing Two. Complete years i.e. (24 Months) from the date of Revival.

2) Auto Paid up Reinstated Policies

In consideration of reinstatement of Auto Paid up Policy # _____ I undertake that only 70% of policy loan will be allowed / offered to me after passing one complete year i.e. 12 Months from the date of reinstatement and no surrender value will be allowed to me before completing two years i.e. (24 Months) from reinstatement date of policy.

Date: _____

_____
Signature of the Policyholder