STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
KARACHI CENTRAL ZONE

6th & 7th Floor,
State Life Building # 11,
Abdullah Haroon Road,
Saddar, Karachi.
Tel : 99205119
Fax : 99205125

MATURITY CLAIM FORM / DISHCHARGE VOUCHER

Policy No._____ Maturity Date _____

Name of the Assured :_____

I am Sending herewith

1. ORIGINAL POLICY DOCUMENT.
2. AN ATTESTED COPY OF NATIONAL IDENTITY CARD.

I request State Life Insurance Corporation of Pakistan to issue the cheque for full and final settlement of Maturity proceeds payable in my Current/SB/PLS account No._____ Banker's Name_____

Branch_____

I further declare that I am Sahib-e-Nisab/ I am not a Sahib-e-Nisab/ I am a citizen of Pakistan.

Witnessed by :

Signature _____

Name_____

Address_____

_____

_____

_____

_____

_____

Signature of the Policyholder/Claiment/s

Name_____

Present Address_____

_____

_____

_____

N.I.C.No. | | | | | | | | | | | | | | | |

Date :_____

Phone No. : _____

BANKER'S CERTIFICATE

Certified that Mr./Mrs._____
whose signature as claimant appears above maintains his / her S.B. / Current / PLS Account No._____with us his / her signature is verified.

Manager