STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
Karachi Central Zone

Registration No. _____
Code No./Org. _____
Date of Expiry of Registration: _____
Date of Application for Renewal: _____

APPLICATION FORM FOR RENEWAL OF REGISTRATION

(Insurance Agents/Supervisory Agents)
SR / SSR / SE/ SO / SM
Tick one whichever is applicable

1. Name (Mr./Mrs./Miss) _____
2. Father's / Husband's Name: _____
3. Date of Birth: _____
4. NIC No. Old: _____ New _____
5. Present Residential Address: _____
6. Postal Address, if different: _____
7. Education Qualifications:

Institute	Year	Grade / Division / Subjects
School:		
College:		
University:		
Other		

8. Professional Qualification
   a) _____
   b) _____
   c) _____

(Please attach attested photo copies in respect of information at columns 4, 7 & 8 in case any revision in previous information is to be recorded).

Signature
Name _____

To be withnessed by the concerned Area Manager:
Signature _____
Name _____

Certified that the Registration of above named filed worker is "Renewable".

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FOR OFFICE USE ONLY

Code Nos.

Date of Receipt _____

Registration No. _____

Code No. _____

Sector _____

Area Manager _____

Sales Manager _____

Sales Officer _____

Checked by _____

REVIEW AND APPROVAL OF ZONAL CERTIFICATION COMMITTEE

Certified that Mr.Mrs.Miss _____ is a bonafide worker and fulfills all requirements as laid down in the relevants provisions of Insurance Ordinance-2000 and therefore, the Certification Committee founds him/her fit for registration. upto _____.

Convener/Zonal Certification Committee .....

Member _____ .....

Member _____ .....

Member _____ .....

Certified that the renwal of registration as been updated under intimation to all concerned.

Incharge (Agency Admnistration)

AGY-17
KCZ

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