STATE LIFE
Insurance Corporation of Pakistan

_____ZONE

Annexure "B"

S.M/A.M/SECTOR HEAD'S CONFIDENTIALREPORT

PROPOSAL NO. _____ Name: _____ CNIC No. _____

Address: _____

RIDERS: TIR ( ) FIB ( )SUM ASSURED_____ TSAR_____

1. Life Proposed's name_____
2. Telephone No: Office _____Residence_____
3. (a). Mobile_____ Fax _____ Email _____

a. Details of Declaration of Assets:(Place tick/ in the corresponding box)

Residence: Flat ☐ House ☐ Insured: Yes ☐ No ☐ Insurance Company_____

Built/purchased in year _____ Inherited: Yes ☐ N☐ Mortgage/Lien: Yes☐ No ☐

If 'yes' Mortgage amount: _____ Name of Bank _____

Self-owned ☐ Family owned ☐ Owned since (approx. No. of years)_____

Registered owner _____ Estimated Net worth _____

Additional remarks: _____

Commercial/rental Property: House ☐ S sh☐ Wareho☐ other_____

Self-owned ☐ Family owned ☐ Owned since approx. No. of years) _____

Mortgage/Lien Yes ☐No ☐ Registered owner _____

Rental income/month Rs._____ Estimated Net worth Rs._____

Additional remarks: _____

b. Business/es: Factory: Yes☐ No☐ If Other (specify) _____

Ownership: Sole☐ Partnership ☐ Mortgage/Lien Yes ☐ ☐

If yes Amount_____

Established since _____No. of Employees____ Annual Turnover _____

Registered Yes☐ No☐ Registered owner _____NTN_____

Registration with Sales Tax: Yes☐ No☐ If Yes then Registration No. _____

Estimated Net worth of business in Rs._____ Business Bank Account: Yes☐ ☐ No

Additional remarks: _____

Vehicles:

(1) Make _____ Year_____ Market Value Rs. _____

(2) Make _____ Year _____Market Value Rs. _____

Insured by (company) _____ No. of years owned: _____

Name of registered owner (V.1)_____ (V.2) _____

Agricultural Machinery: Tractors _____ Trucks _____Trolley _____Other Machinery _____
Estimated Net worth Rs._____ Additional (specify details: _____

_____

C- Investment Portfolio: Sto☐ Bor☐ Certifica☐ Other (specify) _____

Government Guaranteed Ye☐ ☐ Ownership: ☐istered ☐ Bearer

Estimated/Actual Net worth (list individually): _____

_____

Additional remarks: _____

Agriculture Landholding Size (i)_____acres, Location: _____ Deh /Tapo/Tehsil/Distt. _____

Type: Nehri /Barani_____

Size(ii) _____acres, Location: _____ Type: Nehri/Barani _____

Size (iii) _____acres, Location: _____Type: Nehri/Barani_____

Estimated Total (a + b + c) _____

Self-owned: Rs._____ Spouse owned: Rs._____

6. **Earning members in the family residing in the same house.**

Name	Relationship	Occupation	Yearly Income	Policy No. & Name of Insurer (if insured)

7. Life Proposed's Passport No. _____
Date and Place of Issue _____

8. Countries travelled

Country	Duration of Stay	Year	Purpose of Visit

9. State of Health and General Appearance _____

10. Estimated Annual Income _____

11. Is life proposed known to you, if yes since how long _____

12. Remarks regarding social, financial Standing, income and general reputation in the community_____

Declaration by Reporting Officer:

I do hereby declare that the above proposal is canvassed by me and that I am satisfied with the identity of the life proposed. I also declare that the foregoing statements are correct and true to the best of my knowledge and belief.

- I have personally visited and verified the properties (Business/Residence)/ vehicles/Agricultural Land/Investment portfolio etc. as mentioned above in Column No. 3 and I am also satisfied that the above information is correct and actual. The sum assured is proportionate to the income of proposer and no moral hazard exists.
- All the medical examinations and other clinical tests conducted to finalize the proposal are of the proposer and genuine in every respect.
- That I have followed the requirements/guidelines of Anti-Money Laundering Ordinance of 2009 (AMLO 2009) as prescribed by SECP and taken all possible precautions to ensure compliance with AMLO 2009.
- I have verified to the best of my knowledge, that the identity of prospect is not fictitious.
- I have verified all the copies of submitted documents required for this proposal against the original documents.

It is my recommendation that the above proposal be accepted on the basis of information provided by the proposer and duly verified by me.

Dated:_____

Place:_____

Signature _____
Name _____
Designation: _____
Stamp_____

Countersigning by Area Manager / Sector Head / Zonal Head

I hereby certify the authenticity of the above report and recommend the above case for approval.

I have read the '***Declaration***' above and agree with the terms & conditions declared. I understand that by signing below I agree to share the responsibility as stated in the last 'Para' of the Declaration

Dated:_____

Signature:_____
Name: _____
Designation: _____
Stamp:_____