STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
KARACHI CENTRAL ZONE

6th & 7th Floor, State Life Bldg. No.11,
Abdullah Harood Road,
Opp: Zainab Market, Karachi.
Office: 99205131-32 Fax: 99205125

NEW BUSINESS SUSPENSE REFUND VOUCHER

Date: _____

The Incharge,
New Business Department,
State Life,
Karachi Central Zone.

Policy No. :: _____
Risk Date :: _____
Policyholder's Name :: _____

Please issue a Cheque for Rs. _____ being the refund of amount lying in suspense account under P.R. No. _____ dated _____ (original enclosed) payable in my Bank Account No.(Current/PLS/SB) _____ with _____.

Sincerely Yours,

(POLICYHOLDER)

[Bank's Name and Address]

Encl: 1. Attached copy of C.N.I.C.
2. Original P.R.

Date :: _____
Place :: _____

_____
(BANKER)

Name :: _____
Address :: _____
_____

Witnessed By:

Name :: _____
Address :: _____
_____

(Please make sure that