



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

Telephones : 99217005 99217022  
              : 99217039  
Fax : 99217025  
STATE LIFE BUILDING NO:2,  
P.O. BOX NO. 4599 WALLACE  
ROAD, KARACHI - 74000

### MATURITY CLAIM FORM / DISCHARGE VOUCHER

Policy No. \_\_\_\_\_ Maturity Date \_\_\_\_\_

Name of the Assured : \_\_\_\_\_

I am sending herewith

1. ORIGINAL POLICY DOCUMENT
2. AN ATTESTED COPY OF NATIONAL IDEN

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach attested copy of CNIC of witness

\_\_\_\_\_  
Signature of the Policyholder/Claiment/s

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. : \_\_\_\_\_

C.N.I.C. No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Date : \_\_\_\_\_

CLAIM-43  
50P/03-2014

Branch Phone : \_\_\_\_\_  
\_\_\_\_\_

Manager  
(Seal)