



**Certificate of Employer**

Policy No: \_\_\_\_\_ Name of the Policyholder \_\_\_\_\_

**Instructions for completion of this form:**

- ◆ This form is to be completed by employer of the deceased life insured.
- ◆ Please provide complete information. Incomplete and blank form will not be entertained.
- ◆ Please fill in the form with clear and legible handwriting and avoid cutting and overwriting.

I / We \_\_\_\_\_ do hereby declare that Mr./Mrs./Ms \_\_\_\_\_  
son/daughter/wife of: \_\_\_\_\_ was employed with us for \_\_\_\_\_ years  
\_\_\_\_\_ months at \_\_\_\_\_. He/she last attended business (this office) on  
\_\_\_\_\_ and died at age of \_\_\_\_\_ on \_\_\_\_\_ after suffering from  
\_\_\_\_\_ for \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. His /her personal  
appearance was as follows: \_\_\_\_\_. His / her date  
of birth as per service record is \_\_\_\_\_. A copy of his age proof submitted with us is  
enclosed.

As per our record, the above named person availed of the following leaves three years prior to his/her death:	
Period	Reasons for leave mentioned in the application with details of leave availed on Medical Grounds:
From: _____ To: _____	
From: _____ To: _____	
From: _____ To: _____	

Copies of the leave applications and medical certificates provided in support are attached.

I am /we are fully satisfied that he/she is the same person described in the policy issued by State Life Insurance Corporation of Pakistan as the insured.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(Signature of the authorized officer)

**Official seal of the Company**

Name of the officer: \_\_\_\_\_

Designation of officer: \_\_\_\_\_

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

**Attestation:**

The statement below must be signed by a Gazetted Officer, Nazim, NaibNazim, Chief Executive Officer of Municipality. Justice of Peace, Magistrate, Collector or Judge of the Place or district where the death took place or an officer of State Life not below the rank of AM.

I certify that the information provided in this form is complete to the best of my knowledge and belief.

Signature with seal: \_\_\_\_\_ dated: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No. \_\_\_\_\_ CNIC No.: \_\_\_\_\_