UNDERWRITING DEPARTMENT
SPECIMEN OF SIGNATURE

Jubilee
LIFE INSURANCE

Serial No. | | | | | | | |

Name of Life Proposed:

Name of Policyowner:

Proposal No.:

Proposal Date: D D - M M - Y Y Y Y

NEW SIGNATURE As on Proposal Form	OLD SIGNATURE As on CNIC

Witness's Name:

Witness's CNIC No:

Witness's Signature: _____

Place: _____

_____
(Agent's Signature)

Date: D D - M M - Y Y Y Y

_____
(Agent's Code)

Jubilee Life Insurance Company Limited
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NTN Number: 0660564-8