

Jubilee Life Insurance Company Limited

(formerly New Jubilee Life Insurance Company Limited)

74/1-A, M.T.Khan Road, P.O.Box 4895, Karachi-74000, Pakistan Phone 5611071-75, 5611802-08. NTN (0660564-8)

Certificate Of Identity (Form "C")

(To be completed by the person intimately acquainted with the Deceased and Claimant but not related to them)

Guidelines for completion of the Form

1. Please complete the form in all respects. Do not leave any column blank or incomplete. Please provide details. Use separate sheets if required.
2. Where boxes have been provided to facilitate your reply, please only tick the relevant box. Leave the remaining boxes unmarked.
3. Please write in neat legible script. Do not use abbreviations, dots, crosses and dashes. Do not overwrite, mutilate, cancel, or delete. In case inadvertently, an error has occurred, then please correct neatly under your full signature.
4. Please sign this form in the same signature & style that you affixed on your National Identity Card. In case your signature now differs then please provide a set each of three specimen signature in both styles duly attested by the witness / attestor of this form.
5. This form along with any other form / document required to be completed & submitted to the Company should be delivered directly to the Head Office of the Company at the address mentioned at the top of this form. The Company shall not be responsible for any form that is not received by it at the Head Office of the Company.

POLICY NO Life Assured Policyowner

A Particulars of the Deceased:

- 1 Name Mr/ Ms _____ 2 Age at Death _____
- 3 Father/ Husband's Name _____ 4 N.I.C. No. _____
- 5 Occupation / Profession _____
(Nature of duties & details of work performed)
- 6 Resident of _____
(Complete address including specific Locality in City / Town / Village)
- 7 State Deceased's (a) Height _____ (b) Weight _____ © Identification Marks _____
- 8 State Deceased's Habits / Hobbies / Past-times _____
(Habits would include smoking, alcohol intake, drug use)
- 9 Did the deceased have any other Insurance Policy on his / her life? If so please provide details.

- 10 Please state the Name, Relationship, Age of all the Legal heirs of the deceased. (use a separate sheet if necessary)

- 13 Was the deceased ever affiliated / involved with any political / religio-political organization or group. If **Yes** please provide details.....

B Identification of the Claimant:

- 1 Name Mr / Ms _____ 2 Age _____
- 3 Father's / Husband's Name _____ 4 N.I.C.No _____
- 5 Claimant's Complete Official Address _____ Telephone No _____
- 6 Claimant's Complete Residential Address _____ Telephone No _____
- 7 Relationship with the Deceased _____
(Please state exact and complete relationship)

C Certificate by Person Known to Deceased / Claimant:

I _____ s / o _____
Resident of _____
bearing National Identity Card No. _____ do hereby solemnly affirm and declare that I personally
knew the Deceased Mr / Ms _____ s/o / w/o _____
Resident of _____ & bearer of NIC No: _____
for _____ years prior to his / her death, and that He / She died at the following place
on the _____ day of _____ in the year _____. His age at death was _____ years.
(date) (month) (year) (age)

I confirm that Mr / Ms _____ is the same person as described in the
(the deceased)

Policy No: _____ issued by Jubilee Life Insurance Company Limited on _____
(formerly New Jubilee Life Insurance Company Limited) (Date of Issue)

and on whose death the above named Claimant Mr / Ms _____ is entitled to make the Claim.

Relationship with Life Assured _____ Relationship with Nominee _____

Signature _____ Date: _____ Place _____

Dated at _____ this _____ day of _____ 20____.
(place) (date) (month) (year)

Signature of Deponent _____ Signature of Attestor/Witness _____
(Deponent is the person providing this Declaration)

Full Name of Deponent _____ Name of Attestor / Witness _____
(Deponent is the person providing this Declaration)

National Identity Card No. _____ National Identity Card No. _____
(NIC number of the Deponent is required)

Address of Deponent: _____ Address of Attestor / Witness _____

NOTICE

Form is to be completed and signed by that person intimately acquainted with the Deceased and with the Claimant but is not related to them through blood ties. Nor should the person identifying the Deceased or the Claimant through this form in any way have an interest in this Policy or Claim.

Form is to be witnessed and attested by an official of Jubilee Life Insurance Company Limited (formerly New Jubilee Life Insurance Company Limited) of designation not below Assistant Branch Manager / Assistant Manager or by an official of the Government of Pakistan or of the Government of any province of Pakistan under official stamp / seal. The witness attestor must submit a clear legible copy of his / her NIC along with this form.