

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 35611071-75, 35611802-08. NTN (0660564-8)

EMPLOYER'S CERTIFICATE (FORM "D")

(To be completed by the last Employer of the Deceased)

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 signatures 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

Certificate by Employer:

I / We _____
(Full Name of the Industrial Unit / Business Unit / Firm / Organization / Department in which the Deceased worked)

Located at _____
(Complete address of the Industrial Unit / Business Unit / Firm / Organization / Department in which the Deceased worked)

do hereby solemnly affirm and declare that Mr. / Ms. _____
(Full & Complete Name of the Deceased)

s/o / w/o _____ & bearer of NIC No: _____
(Father's name for male or single female deceased / Husband's name for married female deceased) (National Identity Number of the Deceased)

Resident of _____
(Complete Residential Address including specific Locality in City / Town / Village of the Deceased)

was employed with us for _____ years prior to his / her death, and that He / She died at the following place _____
(residence/workplace)

_____ on the _____ day of _____ in the year _____. His / Her age at death was _____ years.
(Hospital / Clinic) (Date) (month) (year)

He / She died as a consequence of _____
(The physical or mental, illness / disability / injury / medical condition that caused death)

The Deceased was suffering from the above mentioned physical or mental, illness / disability / deformity / injury / medical condition since _____ i.e. for _____ (years) _____ (months) _____ (days). His / Her Date of Birth as per Service Record is _____ / _____ / _____. He / She last attended work on _____ / _____ / _____. His / Her Occupation / Work was _____
(Nature of duties & details of work performed)

His / Her Physical Appearance & Marks of Identification were as follows: _____

The complete Leave Record of the Deceased is provided herebelow: (use a separate sheet if necessary)

LEAVE RECORD OF THE DECEASED	
Period of leave	Reason for leave as per official record
Prior to Death from _____ to _____	_____
Previously from _____ to _____	_____
Previously from _____ to _____	_____
Previously from _____ to _____	_____
Previously from _____ to _____	_____

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

Policy No: _____ issued by New Jubilee Life Insurance Company Limited on _____

(Date of Issue)

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

Signature of Authorized Official
of the Employer _____

Full Name of Signatory _____
N. I. C. No. of Signatory _____
Address of Employer: _____

Signature of Attestor/Witness _____

Name of Attestor / Witness _____

National Identity Card No. _____

Address of Attestor / Witness _____

SEAL & StAMP of EMPLOYER



This Form is to be completed and signed by the Employer or Authorized Official of the Employer. All information requested herein should be provided from the personal knowledge of and information available with the Employer. A copy of the Leave Record of the Deceased may please be provided along with copies of Medical certificates submitted if any.

This Form is to be witnessed and attested by an official of 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 attested must submit a clear legible copy of his / her NIC along with this form.