



**STATE LIFE**  
**INSURANCE CORPORATION OF PAKISTAN**  
**GULF ZONE**

503-SH, SAUD BIN SAQAR AT QASIMI BUILDING  
 OPPOSITE TOYS 'R', SALAH-UD-DIN ROAD,  
 P.O. Box. # 11278, DEIRA- DUBAI (U.A.E.)  
 TELEPHONE : +971-4-2729061, FAX : 04-2729051  
 E-mail: slicdxb@emirates.net.ae

**AMENDMENT TO NEW PROPOSAL**

Proposal No.....

I \_\_\_\_\_ hereby request that  
 my Proposal for insurance dated \_\_\_\_\_ 20 \_\_\_\_\_ be amended as follows :

This is to certify that I am in as good health as when I signed the Personal Statement Of Health which Constituted a part of my proposal for Insurance to STATE LIFE INSURANCE CORPORATION OF PAKISTAN GULF ZONE, and that since the date of such statement there has been no change in my occupation or family record, nor I have had any illness or disease, nor I have consulted or been examined by any physician, and I have not applied for new insurance, change in plan or reinstatement which was declined, postponed, withdrawn or modified in kind or rate (except as noted below) and I understand that the issuance or delivery to me of any policy issued on said application and decantation is conditional with the truth of the above statements. I also understand that any untrue statement would render the life insurance contract null and void and no claim will be payable there under.

+ Exceptions

PHS-G2- /07-2005

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
 (City) (Day) (Month) (Year)

\_\_\_\_\_  
 Signature Sales Representative

\_\_\_\_\_  
 Signature Of Life Proposed