



STATE LIFE

INSURANCE CORPORATION OF PAKISTAN

GULF ZONE

503-SH-SAUD BIN SA QAR AL-QASIMI BUILDING
OPPOSITE REEF MALL SALAH-UD-DIN ROAD
DEIRA-DUBAI (U.A.E)
TELEPHONE: 00971-4-2729061. FAX: 2729051
P.O BOX: 11278, DUBAI – U.A.E
slcidxb@emirates.net.ae

DATED: _____

RECEIPT TO VOUCHER

POLICY NO: _____

Sum Assured AED/\$ _____

On the life of MR./Mrs. _____

I / We _____ N.I.C No. _____

Do hereby acknowledge receipt from STATE LIFE INSURANCE CORPORATION OF PAKISTAN.

The sum of _____)

Being the MATURITY PROCEEDS SURRENDER VALUE including the surrender value of Bonuses of the aforesaid policy

The policy document is herewith delivered to the State Life Insurance Corporation of Pakistan for cancellation.

Because the payment is in full and final settlement of claim

GROSS AMOUNT CLAIMED:

Sum Assured

AED/\$

Declared Bonuses

AED/\$

Interim Bonus

AED/\$

GROSS AMOUNT CLAIMED

AED/\$ _____

1. ONLY O/S LIABILITIES:

Out-Standing Premium Due

From _____

(AED/\$ _____)

Late fee

(AED/\$ _____)

Total Deduction

(AED/\$ _____)

Loan

Interest

SUBJECT OF AUDIT VERIFICATION

Less total recovery

MENTION CURRENCY

WHICH IS REQUIRED

TO YOU

NET AMOUNT

ADD REFUND OF SUSPENSE (P.R REQUIRED)

AMOUNT PAYABLE

AED/\$ _____

Please remit the above amount in my Non-Resident Bank Account No: _____

Name of Bank _____ Branch _____

Bank Address (In _____) _____

DECLARATION:

Please give your reply in YES or NO

Are you a Muslim _____

Are you a citizen of Pakistan? _____

Signed at (CITY) _____ this _____ day of _____ 2011

WITNESS:

Signature: _____

Full Name: _____

Designation / Occupation: _____

Address: _____

(Signature of the Claimant)