



STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

503-SH-SAUD
BIN SAQAR 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

GULF ZONE

DATED: _____

RECEIPT TO SURRENDER VALUE

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 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

SUBJECT TO AUDIT VERIFICATION

GROSS AMOUNT CLAIMED:

Surrender Value of Policy

AED/ \$

Surrender value of Bonuses

AED/ \$ _____

GROSS AMOUNT CLAIMED

AED/ \$

1. YLY O/S LIABILITIES:

Out-Standing Premium Due

From:

Late fee

Total Deduction

Loan

Interest

Less total recovery

**MENTION CURRENCY
WHICH IS REQUIRED
TO YOU**

NET AMOUNT

ADD REFUND OF SUSOENSE (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)