



# STATE LIFE

INSURANCE CORPORATION OF PAKISTAN  
GULF ZONE

503-SH. SAUD BIN SAQAR AL-QASIMI BUILDING,  
OPPOSITE REEF MALL, SALAH-UD-DIN ROAD,  
DEIRA-DUBAI (U.A.E.)

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P.O. Box : 11278, Dubai-U.A.E.

DATE : .....

## N.D. DECLARATION

(UNDER NON DECLINATURE SCHEME)

Forming Part of Proposal No \_\_\_\_\_

on the Life of Mr./Mrs. \_\_\_\_\_

I declare that (1) the statement and answers are true : and (2) sum assured is reasonable in relation to my income : and (3) I want to be considered for insurance under the. "NON DECLINATURE" Scheme wherein I am not required to disclose my state of health : and (4) I will be covered for accident only, as defined in the policy, for the first two years of the policy and (5) if any statement or answer is untrue the contract of Insurance shall be absolutely null and void and all money paid, in respect thereof shall be forfeited by the Corporation.

I note that the Corporation will not be on risk on my life until the issue of their first premium receipt after full consideration of my proposal.

Signature of witness \_\_\_\_\_

\_\_\_\_\_  
Signature of the  
proposer & life proposed

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Date : \_\_\_\_\_

If the life proposed has not signed in English the following declaration should be made by an English knowing witness.

I declare that before the life proposed signed this form, I read over, translated and explained to him/her the contents of the above form which he/she has fully understood.

Signature \_\_\_\_\_ Full Name \_\_\_\_\_

Full Address \_\_\_\_\_

Date : \_\_\_\_\_

City \_\_\_\_\_