



STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

Annexure - I

STATE LIFE INSURANCE CORPORATION OF PAKISTAN
GROUP & PENSIONS, KARACHI ZONE
CLAIM FORM FOR
IN-SERVICE EMPLOYEES, GOVERNMENT OF SINDH

6th Floor, State Life Building No. 2
Wallace Road, Off I.I. Chundrigar Road, Karachi.
Phone No. 021-9217176, 021-9217057 & 021-9217056

Claim No. GOS _____
Full Name of the Deceased _____
Father's/Husband's Name _____
Designation _____ N.P.S No./Grade _____ Sum Assured _____
Last Basic Pay drawn _____ Name of Department _____
Date of Appointment _____ Date of Birth _____ Date of Death _____
Name of Nominee _____ NIC/CNIC No. _____
Name of Recipient of family Pension _____ NIC/CNIC No. _____
Name of Successor _____ NIC/CNIC No. _____
Name of Guardian _____ NIC/CNIC No. _____
Bank Account No. of Claimant _____ Bank Branch Address _____
Postal Address of Claimant _____
Postal Address of Department _____

The above particulars of the deceased employee of Government of Sindh have been verified from his/her personal record and it is further certified that this claim is genuine.

VERIFIED BY AUTHORISED OFFICER

SIGNATURE & SEAL OF
HEAD OF THE DEPARTMENT

Enclosures : -

- a. Attested Copy of Death Certificate.
- b. Claim Form (Annexure-1) duly completed and verified by authorized officer.
- c. Attested copies of NIC / CNIC of deceased and Nominee /Recipient of family Pension / Successor / Guardian.
- d. Original Nomination Form / Attested copy of Pension Book / Succession Certificate Issued by the competent Court of Law.
- e. Attested copy of complete Service Book or Last Pay Certificate or Computerized slips issued by A.G/D.A.O for ascertaining Grade/BPS of the deceased at time of death.
- f. If Nomination or Recipient of family pension is/are not available, then to submit the details of family members as per Sindh Civil Servants Welfare Fund Ordinance (Annexure "D").

Note : All the above documents should be attested by any Gazetted Officer.

DESCRIPTIVE ROLL

*Descriptive Roll of
Husband / Wife /
Expired on
District*

_____ of _____

- 01. N A M E : _____
- 02. FATHER'S NAME : _____
- 03. AGE / DATE OF BIRTH : _____
- 04. R A C E : _____
- 05. H E I G H T : _____
- 06. C O L O U R : _____
- 07. MARK(S) OF IDENTIFICATION : _____
- 08. RESIDENTIAL ADDRESS : _____

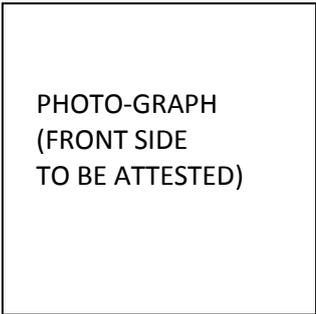
- 09. PLACE OF PAYMENT (GOVERNMENT
TREASURY OF SUB-TREASURY) : _____
- 10. SPECIMEN SIGNATURE : _____

11. THUMB & FINGER IMPRESSIONS
OF LEFT HAND

SMALL FINGER _____ RING FINGER _____

MIDDLE FINGER _____ FORE FINGER _____

THUMB _____



SIGNATURE _____
N A M E _____
_____ of Late _____

NO DUES CERTIFICATE
NO DEMAND CERTIFICATE

This is to certify :-

- (1). That NO DUES are out-standing against Mr./Mrs./Mst. _____
_____,
Karachi.
- (2). That NO OVER PAYMENT has been made to him / her.
- (3). That he/she has not caused any financial loss to the Government.
- (4). That he/she has not committed any financial irregularities.
- (5). That NO AUDIT OBSERVATION is out-standing/pending against him/her.

.....
H.M./D.D.O.

NO ENQUIRY CERTIFICATE

This is to certify as under :

- (01). That NO DEPARTMENTAL and ANTI-CORRUPTION enquires are
out-standing/pending against Mr./Mrs./Mst. _____
_____,
Karachi
- (02). That NO COURT CASE is out-standing/pending against him/her.
- (03). That NO DISCIPLINARY ACTION is to be taken against him/her.

.....
H.M./D.D.O.

NO RE-MARRIAGE CERTIFICATE

This is to certify that Mr./Mst. _____,

_____ , _____

_____ , Karachi expired on _____ . His/Her

widow/widower _____ holding

C.N.I.C Number _____ has not yet re-married any man/woman.

.....

H.M./D.D.O.



STATE LIFE
INSURANCE CORPORATION OF PAKISTAN

GOVERNMENT OF _____

(Department/Office)

Dated : _____

Dear Sir,

Re: Group Insurance Policy for the Employees of the Govt. of _____
Claim No. GOC/GOB _____

With reference to the above noted Policy, I have to report that Mr./Mrs./Miss _____

aged _____ years who was workin gin this school/office as _____
(State ageat death) (Designation)

on _____ due to _____
(State Date of death) (State exact cause of death)

It is, therefore, requested that a sum of Rs _____ (Rupees _____ only)

The amount for which the deceased was covered may be paid to the nominee/nominees. The original nomination from his/her service record is enclosed.

It is hereby certified that :-

- (01). The deceased died during service.
- (02). The deceased was appointed on _____ .
- (03). At the time of the death the decaced was a class _____ employee.
- (04). His/Her last basic pay was Rs. _____ in the NPS No./Grade _____
- (05). He/She was not a contingent or work-charge employee.
- (06). The deceased did not fill in nomination form in favour of any of his/her relatives during his life time.
- (07). The deceased was a subscriber to the fund.
- (08). The claim has not been lodged by us earlier.
- (09). The deceased was a permanent employee of Government of Sindh at the time of death.
- (10). In case of retiree :
 - (i) Exact date of retirement _____ .
 - (ii) The basic pay of the deceased was Rs. _____ in NPS No./Grade _____
 - (iii) If the employee retired prematurely, his/her date of retirement _____
 - (iv) Cause of pre-mature retirement _____

Yours faithfully,

Head of Office/Department
(Signed and Sealed)

Address : _____

Phone : _____

Fax : _____

E-mail : _____

CLAIM NO. GOS/GOB _____
GROUP TERM INSURANCE POLICY FOR THE EMPLOYEES OF GOVERNMENT OF _____

With reference to the above-noted policy, I have to report that Mr./Mrs./Miss _____
aged _____ years who was working in this office/school as _____
died of _____ on _____.

It is, therefore, requested that the payment of Rs. _____ (Rupees _____
_____ only). The amount for which the deceased was covered may be
made in favour of the family members of the deceased Government Servant.

It is hereby certified that :-

- 1 The deceased died during service.
- 2 The deceased was appointed on _____.
- 3 At the time of the death the deceased was Class _____ employee.
- 4 His/Her last basic pay was Rs. _____ in the NPS No./Grade _____
- 5 He/She was not a contingent or work-charge employee.
- 6 The deceased did not fill in nomination form in favour of any of his/her relatives during his/her life time.
- 7 The deceased was a subscriber to the fund.
- 8 The claim has not been lodged by us earlier.
- 9 The deceased was a permanent employee of Government of Sindh at the time of death.
- 10 In case of retiree :
 - (i) Exact date of retirement _____.
 - (ii) The basic pay of the deceased was Rs. _____ in NPS No./Grade _____
 - (iii) If the employee retired prematurely, his/her date of retirement _____
 - (iv) Cause of pre-mature retirement _____

(i) Name(s) of the wife/wives / Husband and her/their/his age(s) :

N a m e	Relation-ship	A g e
1)		
2)		

(ii) Names of the legitimate children and step children less than twelve year. (Please give their ages).

N a m e	Relation-ship	A g e
1)		
2)		
3)		
4)		
5)		

(iii) Names of the legitimate children and step children not less than 12 ears old, if residing with and
wholl dependednt upon him/her. Please give their ages and marital status.

N a m e	Relation-ship	A g e	Whether resided with and wholly dependent upon him or her
1)			
2)			
3)			
4)			
5)			

(iv) Name of the parents, sisiters and minor brothers, if residing with and wholly dependent upon him or her.

N a m e	Relation-ship	A g e	Whether resided with and wholly dependent upon him or her
1)			
2)			
3)			

Yours faith-fully,

Beneficiary Address :

Head of Office/Head of Department
(Signed & Sealed)

Postal Address : _____
Phone # : _____
Fax # : _____