

I confirm that Mr./Ms./Mrs. _____ is the same person as described in the _____
Policy No: _____ issued by New Jubilee Life Insurance Company Limited on _____
Dated at _____ this _____ day of _____ 20 _____
(place) (date) (month) (year)

Signature of Authorized Official of the Employer _____ Signature of Attestor/Witness _____
Full Name of Signatory _____ Name of Attestor / Witness _____
CNIC No. _____ CNIC No. _____
Address of Employer: _____



Seal & Stamp of Employer

This Form is to be completed and signed by the Employer or Authorized Official of the Employer . All information requested herein should be provided from the personal knowledge of and information available with the Employer. A copy of the Leave Record of the Deceased may please be provided along with copies of Medical certificates submitted if any. This Form is to be witnessed and attested by an official of Jubilee Life Insurance Company Limited of designation not below Assistant Branch Manager / Assistant Manager or by an official of the Government of Pakistan or of the Government of any province of Pakistan under official stamp / seal. The witness attested must submit a clear legible copy of his / her CNIC along with this form.

Jubilee Life Insurance Company Limited

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Email: info@jubileelife.com, complaints@jubileelife.com, Website: www.jubileelife.com
NTN Number: 0660564-8