

CERTIFICATE OF IDENTITY (FORM "C")

(To be completed by the person intimately acquainted with the Deceased and Claimant but not related to them)



GUIDELINES FOR COMPLETION OF THE FORM

1. Please complete the form in all respects. Do not leave any column blank or incomplete. Please provide details. Use separate sheets if required.
2. Where boxes have been provided to facilitate your reply, please only tick the relevant box. Leave the remaining boxes unmarked.
3. Please write in neat legible script. Do not use abbreviations, dots, crosses and dashes. Do not overwrite, mutilate, cancel, or delete. In case inadvertently, an error has occurred, then please correct neatly under your full signature.
4. Please sign this form in the same signature & style that you affixed on your CNIC. In case your signature now differs then please provide a set each of three specimen signature in both styles duly attested by the witness / attestor of this form.
5. This form along with any other form / document required to be completed & submitted to the Company should be delivered directly to the Head Office of the Company at the address mentioned at the bottom of this form. The Company shall not be responsible for any form that is not received by it at the Head Office of the Company.

Membership No: _____ Member: _____

Person Covered: _____

A: PARTICULARS OF THE DECEASED:

1. Name Mr./Ms./Mrs. _____ 2. Age at Death _____

3. Father's / Husband's Name _____ 4. C.N.I.C.No _____

5. Occupation/ Profession _____

(Nature of duties & details of work performed)

6. Resident of _____

7. State Deceased's _____ (a) Height _____ (b) Weight _____ (c) Identification Marks _____

(Complete address including specific Locality in City / Town / Village)

8. State Deceased's Habits / Hobbies / Past-times _____

9. Did the deceased have any other Insurance Policy / Takaful Membership on his / her life? If so please provide details.

10. Please state the Name, Relationship, Age of all the legal heirs of the deceased. (use a separate sheet if necessary)

11. Was the deceased ever affiliated / involved with any political / religio-political organization or group. If Yes please provide details

B: IDENTIFICATION OF THE CLAIMANT:

1. Name Mr./Ms./Mrs. _____ 2. Age _____

3. Father's / Husband's Name _____ 4. C.N.I.C.No _____

5. Claimant's Complete Official Address _____

Telephone No _____

6. Claimant's Complete Residential Address _____

Telephone No _____

7. Relationship with the Deceased _____

(Please state exact and complete relationship)

C: CERTIFICATE BY PERSON KNOWN TO DECEASED / CLAIMANT:

I _____ S/O _____

Resident of _____

bearing Computerized National Identity Card No. _____ do hereby solemnly affirm and declare that I personally

knew the Deceased Mr./Ms./Mrs. _____ S/O / W/O _____

Resident of _____ & bearer of CNIC No: _____

for _____ years prior to his / her death, and that He / She died at the following place _____

on the _____ day of _____ in the year _____. His age at death was _____ Years.

I confirm that Mr./Ms./Mrs. _____ is the same person as described in the Membership No: _____

issued by Jubilee Life Insurance Company Limited-Window Takaful Operations on _____

(Date of Issue)

and on whose death the above named Claimant Mr./Ms./Mrs. _____ is entitled to make the Claim.

Relationship with Person Covered _____ Relationship with Nominee _____

Signature: _____ Date: _____ Place: _____

Form is to be completed and signed by that person intimately acquainted with the Deceased and with the Claimant but is not related to them through blood ties. Nor should the person identifying the Deceased or the Claimant through this form in any way have an interest in this Membership or Claim. Form is to be witnessed and attested by an official of Jubilee Life Insurance Company Limited-Window Takaful Operations 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/attestor must submit a clear legible copy of his / her CNIC along with this form.

Dated at _____ this _____ day of _____ 20 _____
(place) (date) (month) (year)

Signature of Deponent _____ Signature of Attestor/Witness _____
(Deponent is the person providing this Declaration)

Full Name of Deponent _____ Name of Attestor / Witness _____

CNIC No. _____ CNIC No. _____
(CNIC number of the Deponent is required)

Address of Deponent _____

Jubilee Life Insurance Company Limited

Window Takaful Operations

74/1-A, Lalazar, M.T. Khan Road, Karachi - 74000, Pakistan.

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