EMPLOYER'S CERTIFICATE (FORM "D")

(To be completed by the last Employer of the Deceased)



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 seperate 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
- 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.

	Member:
Person Covered:	
<u></u>	CERTIFICATE BY EMPLOYER
I / vve	(Full Name of the Industrial Unit / Business Unit / Firm / Organization / Department in which the Deceased worked)
(Complete address of the Industr	ial Unit / Business Unit / Firm / Organization / Department in which the Deceased worked)
, ,	
- 1	le female deceased / Husband's name for married female deceased) & bearer of CNIC No:
Resident of	(Complete Residential Address including specific Locality in City / Town / Village of the Decease
was employed with us for	years prior to his / her death, and that He / She diec
following place	place/ Hospital / Clinic) on the day of in the year (year) years. He / She died as a consequence of (The physical or mental, illness / disability / injury / medical condition that contains the contains a property of the contains
His / Her age at death was	years. He / She died as a consequence of(The physical or mental, illness / disability / injury / medical condition that c
The Deceased was suitering from	the above mentioned physical of mental, illness / alsability / detormity / injury / medical condition stri
	years month days.
His / Her Date of Birth as per Se	(date) (month) (year)
His / Her Occupation / Work v	/GS(Nature of duties & details of work performed)
His / Her Physical Appearance	& Marks of Identification were as follows:
The complete leave record of the	deceased (Use seperate sheet if required)
The complete leave record of the	THE COMPLETE LEAVE RECORD OF THE DECEASED (Use seperate sheet if required)
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		s the same person as described in the bilee Life Insurance Company Limited - Window Takaful Operations on
Dated at(place)	this(date)	day of 20
Signature of Authorized Official of the Employer Full Name of Signatory CNIC No. Address of Employer:		Name of Attestor / Witness CNIC No
	information requested herein available with the Employer. A with copies of Medical certific official of Jubilee Life Insurance Assistant Branch Manager / As	and signed by the Employer or Authorized Official of the Employer . All should be provided from the personal knowledge of and information copy of the Leave Record of the Deceased may please be provided along cates submitted if any. This Form is to be witnessed and attested by an Company Limited - Window Takaful Operations of designation not below sistant Manager or by an official of the Government of Pakistan or of the f Pakistan under official stamp / seal. The witness attested must submit a NIC along with this form.

Seal & Stamp of Employer