LIFE CERTIFICATE FORM
TO WHOM IT MAY CONCERN

This is to certify that_____S/O_____

Holder of PPO No._____ CNIC No._____ whose specimen signature / thumb impression and address are appended below is alive to date_____

Address

_____ _____

(Pensioner Signature/Thumb Impression) _____

Date _____

Phone No._____

(City / Area Code)

_____ Name_____

(Signature of attesting officer with Date) Address_____

_____

_____

_____ Phone No._____

(Official Stamp of attesting officer)