

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)

