

LIFE CERTIFICATE
TO WHOM IT MAY CONCERN

This is to certify that _____ S/d/wd/o
_____ holder of PPO No. _____
CNIC No. _____ whose specimen signature/thumb
impression and address are appended below is alive to date _____.

Pensioner Address:

(Pensioner Signature/Thumb Impression)

Phone No. _____
(City/Area Code)

(Signature of attesting officer)

Name: _____
(attesting officer)
Address: _____

(Official Stamp of attesting officer)

Phone No. _____