

LIFE CERTIFICATE FORM
TO WHOM IT MAY CONCERN

This is to clarify that _____ S/o/D/o _____ Holder, of PPO No. _____ CNIC No. _____ whose specimen signature/thumb impression and address below is alive to date _____

Address _____

Date _____

Phone No _____

(Pensioner Signature /Thumb Impression)

Name _____

Address _____

(Signature of attesting officer with date)

Phone No _____

(Official Stamp of attesting officer)

NOTE-1:- THIS CERTIFICATE IS TO BE REASSIGNED BY CLASS- GAZETTED OFFICER / MILITARY COMMISSIONED OFFICER / MAGISTRATE / SUB-REGISTERAR / PENSIONED OFFICER / MUNSIF / MEMBER OF THE CENTRAL OR PROVINCIAL LEGISLATURE ASSEMBLIES / MANAGER OF THE SCHEDULED BANK

NOTE-2:- THIS CERTIFICATE MAY BE FURNISHED TO THE AG / DAO IN PERSON OR A THROUGH REPRESENTATIVE OR BY THE POST/COURIER OFFICER