ASKARI LIFE ASSURANCE COMPANY LIMITED

ADHOC INDUCTION FORM

Policy No: _____ Plan Name: _____

I, _____ bearing CNIC No. _____,

being the policy holder of Askari Life Assurance Company Limited request to place the amount of Rs.

_____ as Ad-hoc premium paid via Cheque/Pay order No _____.

Moreover, I fully understand and agree that adhoc premium in my policy will be invested as per the terms and conditions of the policy. I further confirm that the Ad-hoc premium amount paid is not derived from money laundering or illegal activities and the sources(s) of funds declared in proposal form at time of purchase of policy is true, up-to-date and correct of the best of my knowledge and belief.

Signed at _____ this _____ day of _____ year _____

Signature of Applicant _____ Witness _____