(To be executed by Person Covered on a Stamp Paper of Rs 100/-)

DECLARATION AND UNDERTAKING

I	S/O		Muslim, adult, resident c	ot
	, holding	g CNIC #	, do hereby declare and und	lertake as under:
1.	That one Mr /Ms		S/o	
- .	That one Mr./Msobtained an Insurance Policy #	from Askari	Life Assurance Co. Ltd on	in my
	name by declaring me as his/her			,
2.	That the above-named Mr /Ms		declared him	as owner of the
۷.	That the above-named Mr./Ms declared him as owner of th above Policy and paid renewal premium for lastyears.			
3.	That Askari Life after knowing that, the above-named Policy owner has died on and relevant proof has been provided via Death Policy; therefore, we approached management of Askari Life to change the ownership of the Policy in my name.			
4.	That Askari Life Assurance Company limited has considered the request and has agreed to change ownership of the policy in my favor.			
5.	That I understand and agree that I will become the owner of the Policy consequently will be obliged; inter align to pay renewal premium, submit requirements, if ever called by Askari Life.			
6.	That I agree to take all future responsibilities including but not limited to submit risk underwriting requirements i.e. medical or non-medical [if] whenever called by Askari Life, to pay the renewal premium for remaining term under the above-mentioned Policy, etc.			
7.	That I further affirm that the contents of this documents have been read over and explained in my native tongue to me which I have understood and I verily believe to be true and correct to the best of my knowledge and belief.			
Incuro	ad Darcan Cignatura			
	ed Person Signature No			
		_		
	e witnesses, sign our name to this docur			
under	no constraint or undue influence.	_and that to the bes	t of our knowledge fle/sfle is of sc	ouna mina ana
Witne	ess 1:		Witness 2:	
	:		Name:	
Address:			Address:	
CNIC #	#		CNIC #	