

LIFE CERTIFICATE
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) _____

Phone No. _____

(City / Area Code)

(Signature of attesting officer)

Name _____

Address _____

Phone No. _____

(Official Stamp of attesting officer)

NOTE-1: THIS CERTIFICATE IS TO BE SIGNED BY CLASS-1 GAZETTED OFFICER/MILITARY COMMISSIONED OFFICER / MAGISTRATE / SUB-REGISTRAR / 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 (PUNJAB) IN PERSON OR A THROUGH REPRESENTATIVE OR BY POST/COURIER SERVICE