

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)

(Official Stamp of attesting officer)

Name: _____

Address: _____

Phone No. _____

**NOTE: THIS CERTIFICATE IS TO BE SIGNED BY CLASS-I GAZZETED
OFFICER/MILITARY COMMISSIONED OFFICER OR AS AUTHORIZED UNDER FTR-
343**