

## Annexure A-1

### **Complete Account & Claimant Details to be filled in by Claimant**

Date of Claim	
Name of Claimant	
CNIC of claimant	
Contact Number of Claimant	
Address of Claimant	
Email ID of claimant	
Relationship with Accountholder	
Account Number	
Account holder's name	
Accountholder's CNIC	
Cause of Death (In case of death)	
Date of Death (In case of death)	
Cause of Permanent Disability (In case of Permanent Disability)	
Date of initiation of Permanent Disability (In case of permanent disability)	
Details (If any)	

#### To be filled in by the Bank

Operating instructions (single or joint)	
Customer category (Policy cover individual only)	
Date of birth of account holder (Policy exclude exceeding age 65 years)	
Details of next to Kin (Beneficiary)	

#### Attachments

- Bank to provide an account maintenance certificate, endorsed by UBL specifying following:
  - o Account Type (Current/ Saving) on the date of death
  - o YTD Average balance in overall current account deposit relationship in preceding month of the death/ permanent disability

UBL verifies that details provided by claimant are correct  Signature of authorized Branch Manager/ Stamp of authorized Branch Manager	Signature of authorized Product Manager/ Stamp of authorized Product Manager  _____
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