



Jubilee Life Insurance Company Limited

Shareholder Information Form

Folio No.					
Name of Shareholder					
Father's/Husband's name					
CNIC #					
Address					
City		Country			
Telephone / Mobile #					
Email address					

I Mr./Ms./Mrs. _____ S/o, D/o, w/o, _____ hereby authorize Jubilee Life Insurance Company Limited that all my cash dividend amounts declared by the company, will be paid/credited into the following bank account/IBAN:

International Bank Account Number (IBAN) – Mandatory:

Bank name															
Branch Name															
Branch Address & City															

Note: please ensure providing correct IBAN and its title must be in your name. In case of any error or omission in the given IBAN, company and share registrar will not be held responsible in any manner of any loss or delay in cash dividend

It is also stated that above provided/filled out information is correct, accordingly, please update the same against my above folio and I will intimate the company and concerned share registrar in case of any changes in the above mentioned information as soon as these occur.

Signature of Shareholder(s)

Date: _____

Encl: Photocopy of CNIC

Note: Please submit this form duly filled and signed along with legible photocopy of valid CNIC to CDC Share Registrar Services Limited, CDC House, 99-B, Block 'B', S.M.C.H.S., Main Shaira-e-Faisal, Karachi-74400, Pakistan.