

AFFIDAVIT

I, _____ s/o, d/o, w/o/wd/o _____,
bearing CNIC # _____ resident of
_____,
do hereby state on oath as under,

1. That no complaint on this subject has previously been lodged with the Insurance Ombudsman by the complainant
2. That no suit, appeal, petition, reference or other judicial proceeding in connection with the subject matter of this complaint in any court, tribunal or other legal forum.
3. That what is stated above is true to the best of my knowledge and information.

Deponent

Attested by

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* Affidavit can be attested by Oath Commissioner, Grade-17 or above Government Officer / Equivalent.