

**Consent Form**

To: Assistant Director,  
Hire Purchase CSD Head Office  
265, Muhammad Hussain Road  
Saddar, Rawalpindi.  
Phone No: 051-8771527

Subj: **Re-evaluation of Vehicle's Sum Insured**

I \_\_\_\_\_ (Service No./Rank/Name) agree to increase sum insured of my vehicle under CSD HP Scheme and agree to pay revised monthly installment wef 01 July 2024.

I \_\_\_\_\_ (Service No./Rank/Name) do not agree to increase sum insured of my vehicle and will continue with old installment. Moreover, I understand its implications in case of any insurance claim.

Signature: \_\_\_\_\_

CNIC: \_\_\_\_\_

Case No: \_\_\_\_\_

Date: \_\_\_\_\_

**(Note: Please tick mark one of the provided options and email signed form at [abdullah.janjua@csd.gov.pk](mailto:abdullah.janjua@csd.gov.pk))**