

دعویدار کا بیان فارم



کَلیم کنندہ کا بیان

کلمہ کنندہ / مستفید کا نام :

مستوفی کی تفصیلات

والله / شوهر کا نام :

جہانگیر / انشورنس کی ہسٹری

11/11/2019

کَلیمِ کردہ وفات کی تفصیل

وقائع کی وجہ :

بیماری کا دورانیہ

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میں اس بات کا اقرار کرتا ہوں کہ تمام مسائل کے جواب تک مکمل اور صحیح جیڑا ہے یہ کہ اس کے ساتھ جو بھی نہ چھپلا گیا ہے اور نہ ہی غلط بیانی کی گئی ہے۔

مسدود شدگی کلی حاصل از این دو متغیر در این معادله

۱۔ اس بات کو ماننا ہوئے کہ صرف چار اہل حق کی مخلوقات کو ہی اس صورت میں ملے گا کہ وہ اپنی اصولی حیثیت کا حق کر کے اور صرف ان لوگوں کی پرہیزگار کے لئے استقامت کا سرمایہ بنیں۔

[illegible]

اعمال کے دستخط اور سربراہان



CORPORATE AML QUESTIONNAIRE

Participant Name :

1. Is your company/establishment/entity aware about and subsequently compliant as per the Anti-Money laundering/CFT laws prevalent in Islamic republic of Pakistan? If No, then why?

2. Is your company exposed to any risk determined as per the AML/CFT Laws? If yes, then please share the details.

NO

3. Does your company have any AML/CFT related Policy in the field? Yes ☐ No ☒

4. Is any of your Director or Member of the Senior Management a Politically Exposed Person (PEP)? If yes, then please share the details of the respective individual(s).

For this question PEP means individuals who are or have been entrusted domestically with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.

NO

5. Is any of your Director or Member of the Senior Management a Foreign National? If yes, then please also inform us that if any of your foreigner Director or Senior Management is Foreign Politically Exposed Person? If yes, then please share the details of the respective individual(s).

foreign PEPs, individuals who are or have been entrusted with prominent public functions by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party official

AND

Persons who are or have been entrusted with a prominent function by an international organization, means members of senior management and members of the board or equivalent functions

NO

6. Has your company/institution/entity been the subject of any money laundering or terrorist financing-related proceedings (please see overleaf) investigations, sanctions, punitive actions indictment, had fines, conviction or civil enforcement action imposed on your company/institution/entity or Directors or member of your senior management by a regulator or law enforcement body during the last five years?

Yes ☐ No ☒

7. Does your company/institution/entity receives any kind of funding/donations/charities received from any sources which are under investigation locally or from any sources which are based in foreign? If yes, then please share the details.

NO

8. Has your company/institution/entity, to your knowledge, been the subject to any investigation, indictment, penalty, fine, conviction or civil enforcement action related to terrorism financing in the past five years? Yes ☐ No ☒

9. Is your company/institution/entity engaged in any sort of business activities with the countries being marked as AML non-compliant by the FATF or UN? If so, then please share the details.

NO

I/We hereby declare that all the information provided above are correct and true, and if any changes are made in aforementioned queries during the term of the contract, then the same may be intimated to PQFTL forthwith.

Signature & Stamp

Date

Physician's Statement Form

Completion Instructions:

1. This form may be completed by medical attendant who have treated the deceased covered in his/her last illness.
2. Separate forms may be used for each attendant if more than one physician has attended during last illness of the deceased. However only one form is required for all memberships where the deceased was covered.
3. Please complete the form completely with legible handwriting avoiding cutting / overwriting.

Takaful Membership Number:

Information about the deceased

| | | |
|---|--|---|
| a) Name: RABIA ASGHAR | b) Date of Birth (Age) 22-07-1987 | c) Gender (Tick One) <input type="checkbox"/> M <input checked="" type="checkbox"/> F |
| d) Father/ Husband's Name ASGHAR ALI | e) CNIC No 42401-0169772-6 | |
| f) Address of the deceased HOUSE NO. 530, TOWN MUSHKI PARA GARAM CHASHMA, WEST KARACHI | | g) Occupation (immediately before death) POLIO SUPERVISOR |
| h) Mark of Identification | i) Date of Death 21-09-2024 | |
| j) Place of Death AT HOUSE | k) Time of Death 23:03 | |
| l) Cause(s) of Death (Primary) CA - Breast (L) | m) Interval between onset and death (Primary cause of death) 2 years | |
| n) Cause of Death (Secondary) | o) Interval between onset and death (secondary cause of death) | |
| p) Cause of Death ascertained by <input type="checkbox"/> Examination after death <input checked="" type="checkbox"/> Symptoms and appearance during life | q) Result of Autopsy (if conducted) | |
| r) other significant conditions/ diseases contributing to but not causing death | | |

1. Were you regular attendant of the deceased? YES if yes since 6m
2. Have you treated him/her in the last 5 years prior to death? YES (if yes please provide detail in the table given below)
3. Has any other physician, in your knowledge, treated him/her in the last 5 years prior to death? _____ (if yes please provide detail in the table given below)

| Physician or Hospital | Address | Nature of illness or Injury | Date(s) of treatment |
|-----------------------|--------------|-----------------------------|----------------------|
| PNS SHIFA | DHA PHASE II | CA BREAST | 2024 |

4. Please provide any other information you feel pertinent regarding deceased's ailment, habits, mode of living etc.

| |
|---|
| Witness Hassan Ali |
| Signature & Date: |
| Name: Hassan Ali |
| Address: Flat 11 Allah Bux Goth Mangochi Garam Chashma |

| |
|--|
| Attending Physician Dr. Umamah Zafar |
| Signature & Date: |
| Name: Dr. Umamah Zafar |
| PMDC No: Registrar Oncology |
| Address: PNS Shifa |

Pak-Qatar Family Takaful Limited (PQFTL)

101-105, 1st Floor, Business Arcade, Block-VI, P.E.C.H.S., Shahrah-e-Faisal, Karachi-75400.
Phone: (92-21) 34311747-56 | Fax: (92-21) 34386451-2 | WhatsApp Self Service: (92 21) 34311747
Email: life.claims@pakqatar.com.pk | Web: www.pakqatar.com.pk



AML-CFT REGULATIONS AND TYPOLOGIES

Typologies work is the study of methods, techniques and trends of money laundering and terrorist financing. The research of the following typologies has been undertaken for better understanding the money laundering and terrorist financing environment in the Asia/Pacific region.

The following are a few key money laundering and terrorist financing methods, techniques, schemes and instruments:-

| HIGH | | |
|--|-----|----|
| Typologies | Yes | No |
| Narcotics and Trafficking | | ✓ |
| Corruption and Bribery | | ✓ |
| Smuggling in relation to Custom and Excise Duty and taxes | | ✓ |
| Tax Crime related to direct and indirect taxes | | ✓ |
| Illegal MVTS/Hawala/Hundi | | ✓ |
| Cash Smuggling | | ✓ |
| Terrorism and Terrorism Financing | | ✓ |
| Geography (Porous Borders Afghanistan & Iran) | | ✓ |
| Delivery Channels (Branchless Banking, Wires Transfers, Microfinance Bank) | | ✓ |

| Medium High | | |
|--|-----|----|
| Typologies | Yes | No |
| Participation in an organized criminal group and racketeering | | ✓ |
| Human Trafficking / Migrant Smuggling or Trafficking in Person and Smuggling of Migrants | | ✓ |
| Illicit Arm Trafficking | | ✓ |
| Fraud/Forgery / Cheating | | ✓ |
| Kidnapping for ransom | | ✓ |
| Robbery / theft | | ✓ |
| Extortion for Business | | ✓ |
| Cyber crime | | ✓ |
| Insider Trading and market Manipulation | | ✓ |
| Delivery Channels (Non-Banking Financial Companies & Modarabas) | | ✓ |

| Medium | | |
|--|-----|----|
| Yes | Yes | No |
| Sexual Exploitation, Including Sexual Exploitation of Children | | ✓ |
| Illicit Trafficking in stolen and other goods | | ✓ |
| Counterfeiting Currency | | ✓ |
| Counterfeiting and Piracy of Products | | ✓ |
| Murder, Grievous Bodily Harm | | ✓ |
| Environmental Crime | | ✓ |
| Piracy | | ✓ |

If answered 'YES' to Question no. 06 and accordingly selected any of the options above then please share the below details:-

Dealing Court/ Agency: _____ Nature: _____ Title: _____

Year: _____ City: _____

Few Details about the case:-

Use separate sheet where ever needed



حکومت سندھ

Government of Sindh



اندراج وفات سرٹیفکیٹ

Death Registration Certificate

Tracking Id: 91100052733126

CRMS No. DS20395586

OLD/M REG #:

دفتر اندراج : UC 02 MANGHOPIR_200359

Old CRMS No. :

Deceased Person's Details

متوفی کے گوائف

| | | | |
|----------------------------|--------------------------------|---------------------------|----------------------------|
| Name : | Rabia Asghar | نام : | رابہہ اصغر |
| Nationality : | Pakistani | قومیت : | پاکستانی |
| CNIC No : | 42401-0169772-6 | شناختی کارڈ : | 42401-0169772-6 |
| Date of Birth : | 22-Jul-1987 | تاریخ پیدائش : | 22-Jul-1987 |
| Gender : | Female | جنس : | عورت |
| Religion : | Islam | مذہب : | اسلام |
| Sickness Period : | 00 Days 00 Months 00 Years | مدت علالت : | 00 دن 00 ماہ 00 سال |
| Date of Death : | 21-Sep-2024 | تاریخ وفات : | 21-Sep-2024 |
| Date of Burial/Last rite : | 22-Sep-2024 | تاریخ تدفین/آخری رسومات : | 22-Sep-2024 |
| Place of Death : | at House | جائے وفات : | گھر |
| Reason of Death : | Natural | وجہ وفات : | قدرتی |
| Nature of Death : | Normal | کیفیت وفات : | عام |
| Buried/Last rite at : | Sultanebad Graveyard Manghopir | جگہ تدفین/آخری رسومات : | سلطان آباد قبرستان منگھوپر |

Parental Information

والدین کے گوائف

| | | | |
|-----------------|-----------------|----------------|-----------------|
| Father's Name : | Dad Muhammad | والد کا نام : | داد محمد |
| CNIC No : | | شناختی کارڈ : | |
| Mother's Name : | Sefooran | والدہ کا نام : | سفوران |
| CNIC No : | 42401-1639768-0 | شناختی کارڈ : | 42401-1639768-0 |

Husband's Information

شوہر کے گوائف

| | | | |
|-----------|-----------------|---------------|-----------------|
| Name : | Asghar Ali | نام : | اصغر علی |
| CNIC No : | 51102-8245142-9 | شناختی کارڈ : | 51102-8245142-9 |

Address

پتہ

| | | | |
|------------|---|---------|--|
| Address : | House No. 530 , Muhallah Mashkay Para Manghopir , City Karachi West | پتہ : | مکان نمبر 530 ، محلہ مشکے پڑہ منگھوپر ، شہر کراچی غربی |
| Tehsil : | Karachi West | تحصیل : | کراچی غربی |
| District : | Karachi West | ضلع : | کراچی غربی |

Applicant's Details

درخواست دہندہ کے گوائف

| | | | |
|--------------------------|-----------------|-----------------|-----------------|
| Name : | Asghar Ali | نام : | اصغر علی |
| CNIC No : | 51102-8245142-9 | شناختی کارڈ : | 51102-8245142-9 |
| Relation with Deceased : | Husband | متوفی سے رشتہ : | خاوند |

Entry Date : 09-Oct-2024

تاریخ اندراج : 09-Oct-2024

Issue Date : 09-Oct-2024

تاریخ اجراء : 09-Oct-2024

Entry Status : Normal

اندراج اسٹیٹس : نارمل

Additional Information:

اضافی معلومات :

دستخط سیکریٹری

یونین کمیٹی 02 منگھوپر

کراچی غربی

