## Laimant's Statement Form

دعویدار کا بیان فارم



I. Claimant's Information						كليم كشده كابيان
Claimant's/Nominee Name:	Isghal Ali					كليم كندوا متنبه كانام :
Claiming the benefit as:	Relationship with Deceased	Husband	9,206	Date of Birth	05-05-1982	الله الله الله
متنید 🔲 Nominee	CNIC	•	فاكرانم اها وا	POLIT CNE	Clasue Date	فىعانى
Successor ( Luis		82451		Title of Busin	6-12-2023	12121616
Employer w/V	Claimant's Occupation	Army	عيم كنده كاويد	Employer Na		4
Guardian ロシンク Other (Specify) ロシング		K. Coost	Office M	Paskey	Parawar Sister	ic = 16.00/x
	6857913	ماكنبر	Land Line Number	0	NO	لينذلائن نبر:
2. Deceased Information						متوفى كى تفصيلات
	a Asghar	resis	Father/Husband Nam	~ Js	ghou Ali	والداهويركاعم
CNIC (4) 40 / 6/9	-//	قوى شاختى كارذنبر	Date of Birth: 2	2071	987	عريخ بيدائش
Deceased polio Supervisorio			Designation:	ofic exis	Employer Name:	ירעא אד. דע אטרן:
Occupation:  Business Address:	Start of business:	7613/	•	Last w		کامکا تریان عاص
	3 4 4 1 .		45)		Marth.	.6
Takaful Membership Number	Amoun مبرث نبر	t of Claim (as per PN	10):	ā,	Salary 34,87	6
Claimant's complete (IBAN) bank account PK50 MUCB 15 86	ال بند الاندنبر number	وميدري تمل (۵۸	NCB B	ANK L	imited	مِنَكُ تَعْمِلُ
		10 /				تکافل/انشورنس کی ب
3. Takaful / Insurance Histo  Was deceased covered by takaful / Insurance		A-1807 (April)	7740 YES			
from any other company (If the answer is yes. Please provide D	No Was	ا انٹورنس عمر محی کورا تھے۔ در نا ذیل تفسیل میا کریں )				
Number of membership foldings.	البرث المحالة	WiD to	ompany's Name an	o Address		مجني كالمعادرا فيريش
4. Detail of Death Claimed					بل	کلیم کرده و فات کی تفصیر
Date of Doroth:	Time of De	eath:	PM SH	Kalin Cause	of Death)	رقت كاديد : م
Place & Address of Death:	/		- 20	1.7.	luxal Donth of	(ancer
House No# 530	Maskey Para	Mang	hopu 9	Karcohe	west	
5. Past medical history		0	/	2 10	City out days	
Date when the deceased complained a		9-2022	ب متول في عارك ل هاه	Dura (a) is	tion of illness/sickness	عارى كادوراني
What was the complaint/symptoms?	Breast	Can	el.			13ء / ملامد کیافتی ا
Detail of medical History of all treatmen	0 1				كتفيل جوقات كروسال يطياكاك	علاج كالمنام مذيكل بسترى
Complaint Gio = 10 Pale of	Named of thete ایجرونشیع			كالأم جمال عدان		THE CH
20-9-2022 20-0		NS Shi	Ya		02 Years	
5. Declaration		-t				
hereby declare that the answers to all the questions offling has been concealed or misrepresented. I her	were entered completely and tru	thfully and	يا جادرتى تلايالى كى كى ب	ے علاوہ بڑو کا ان جمہالی کر	بسالت كدوا ب يم بل ورى بين يراع بدكار	عرار إحكاقراد كرنايون كرقاء
Knowing that the authorization will be used in detr	ermining the eligibility of the payme	ant of days			دوناه راد تي بور: بالذائم كالمعنوات في مطوال المراد على مطوال الم	عى باك تعريطي الالمالينداء متيا
enefit in this(ese) contracts and will be used for pro To require and collect medical and non-medical int	formation regarding the deceased f	from all	ن و خداهر مرک ن اواند ف پر هیمیة	المقاصول فالميت الميم	والرامن فأستومات في فالمعرب عن عظما كما	1. اس بات اوجات موع الداري لئے استعمال کی جا کمی گیا۔
Ospitals/doctors, medical facilities, federal, provincial inforcement agencies, Federal Bureau of Revenue, N ensurance companies and request all of them to pro-	ADRA, Banks, takaful, insurance R	letakaful and istu			مطورات فوادده پی بو با فیرطی آثام بهیشانوں 18 آماز پلی براستهٔ آر فی NADRA) مادراد ویک واکافس رانشورلس	
oceased:  And the deceased had during his life time authorize	ed the company to have access to	1	en e		الن مين أوال ع علق الرطرة كالمعوات رمال ما	
formation pertaining him.	The second second to	gestill.		Duni		
			Signature of C	alman & Car	mo with Date Y	وخویدار کے وستخط اور میر
021 34311747-56   life.claim	s@pakgatar.com.pk   www.p	akasas com nk	- Sgriature of C	ATTION DE SE	mp war Date OFS.	FIRE ICANII



## ORPORATE 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.				
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.				
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 muli tary 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.				
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.	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.				
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.					
	Ha				
	Signature & Stamp Date				



## **Physician's Statement Form**



Completion Instructions:  1. This form may be completed by	medical attendant v	who have tr	eated the deceased covered	in his/her	last illness	
Separate forms may be used for required for all memberships w     Please complete the form comp	r each attendant if m there the deceased w	ore than or	ne physician has attended dui I.	ring last ill		owever only one form is
Takaful Membership Number	:					
	In	forma	tion about the d	leceas	ed	
a) Name:		b) Date of	of Birth (Age)	(c)	Gender (Tick One)	
RABIA ASGHAR	2	22-07-1987 D M				
	I) Fyther/ Husband's Name e) CNIC No					
ASGHAR AL	١	42	401-01697	12 - 6		
1) Address of the deceased House Mo. 530, To	WEST K	KI PAR	A GARAM CHA	SHMP		(immediately before
h) Mark of Identification	WEST E	Akaret	i) Date of Death	1 - 09	-2024	
j) Place of Death Ar Hu	au) ( E		k) Time of Death	23:0	3	
I) Cause(s) of Death (Primary			m) Interval between o			se of death)
CA · Breast (			2 year		deadi (Frimary Cad.	se or deadly
n) Cause of Death (Secondary)		o) Interval between onset and death (secondary cause of death)				
p) Cause of Death ascertained by  Examination after death Symptoms and appearance during life			q) Result of Autopsy (if conducted)			
r) other significant conditions	diseases contrib	uting to b	ut not causing death			
2. Have you treated him/	her in the last 5 y n, in your knowle	ears prio	YESif yes since_ r todeath? Yes(if ye ted him/her in the last 5	s please		
Physician or Hospital	Address			Nature	of illness or Injury	Date(s) of treatment
PMS SHIFA DHA PHASE IT		CA	BREAST	2024		
Please provide any other	er information yo	ou feel per	tinent regarding decease	ed's ailm	ent, habits, mode o	of living etc.
Witness	1			Atten	ding Physician	
Signature & Date:  Name: Hassan G  Address: [a]   Allah  Mangland Garam G	dashingang	As e	Signature & Name:		Registra	parah Zafar Oncology 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		V
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		<b>/</b>
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



Tracking Id: 91100052733126

CRMS No. D520395586

#### حكومت سنده Government of Sindh

# 

### اندراج وفات سرثيفكيث

**Death Registration Certificate** 

دفتراندراج : UC 02 MANGHOPIR\_200359

رابعہ اصغر

42401-0169772-6

باكستاني

عورت

21-Sep-2024

**Deceased Person's Details** 

متوفی کے کوانف

مذبب: اسلام

كيفيت وفات: عام

Old CRMS No. :

Name:

Rabia Asghar

Nationality:

OLD/M REG #:

Pakittani

CNIC No :

42401-0169772-6

Date of Birth:

22-Jul-1987

Gender:

Female

Religion:

Sickness Period: Date of Death:

00 Days 00 Months 00 Years

Date of Burlal/Last rite:

21-Sep-2024 .

Place of Death:

at House

Reason of Death: Natural

Buried/Last rite at :

Father's Name:

Mother's Name :

22-Sep-2024

Sultanabad Graveyard Manghapir

Islam

Nature of Death:

تاریخ تدفین/اخری رسومات: Sep-2024

تاریخ پیدانش: 1987-Jul-1987

جانے وفات:

وجم وفات : قدرتي

جگه تدفین/اخری رسومات: سلطان آباد قبرستان منگهوییر

00 ىن 00 ماه 00 سال

**Parental Information** 

والدكا نام: داد محمد

شناختی کارڈ :

نام:

قرموت :

**جنس** :

مدت علالت:

تاريخ وفات:

Safooran

CNIC No:

CNIC No:

42401-1639768-0

Dad Muhammad

42401-1639768-0

سقوران

والده كا نام: ئىنلغتى كارد:

**Husband's Information** 

Asghar Ali

Name: CNIC No:

51102-8245142-9

اصغر على 51102-8245142-9

Address

Address :

House No. 530, Muhallah Mashkay Para

Manghopir, City Karachi West

مکان نمبر 530 ، مطہ مشکے باڑہ منگھوبیر ،

عراجی غربی

Tehsil:

Karachi West

Karachi West District :

کراچی غربی

کراچی غربی

**Applicant's Details** 

Name:

CNIC No :

Asghar Ali

51102-8245142-9

Relation with Deceased: Husband

نرخواست ببندہ کے کوانف

اصغر على

51102-8245142-9

متوفی سے رشتہ : خاوند

Entry Date :

09-Oct-2024

Issue Date :

09-Oct-2024

Entry Status :

Normal

Additional Information:

09-Oct-2024 تاريخ اندراج:

تاریخ اجراء: 09-Oct-2024

اندراج استيش : نيارمل

اضافي معلومات:

دستخط سبكرياري يونين عميثي02 منگهوپير

کراچی غربی



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