



حکومت سندھ

GOVT OF SINDH

اندراج وفات سرٹیفکیٹ

Death Registration Certificate

Tracking Id: 91100058171906

CRMS No: D103547189

OLD/M REG #:

دفتر اندراج : UC 06 RAHEEM GOTH

Old CRMS No :

Deceased Person's Details

متوفی کے کوائف

Name :	Shamim	نام :	شمیم
Nationality :	Pakistani	قومیت :	پاکستانی
CNIC No :	42101-0124733-6	شناختی کارڈ :	42101-0124733-6
Date of Birth :	06-Mar-1989	تاریخ پیدائش :	06-Mar-1989
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 :	07-Dec-2024	تاریخ وفات :	07-Dec-2024
Date of Burial/Last rite :	07-Dec-2024	تاریخ تدفین/آخری رسومات :	07-Dec-2024
Place of Death :	Hospital	جائے وفات :	ہسپتال
Reason of Death :	Natural	وجہ وفات :	قدرتی
Nature of Death :	Normal	کثیف وفات :	عام
Buried/Last rite at :	Sachal Goth	جگہ تدفین/آخری رسومات :	سچل گوٹھ

Parental Information

والدین کے کوائف

Father's Name :	Mere Khan	والد کا نام :	میرے خان
CNIC No :	42101-4360689-1	شناختی کارڈ :	42101-4360689-1
Mother's Name :	Sharifa Mai	والدہ کا نام :	شریفہ مائی
CNIC No :	42101-1479740-8	شناختی کارڈ :	42101-1479740-8

Husband's Information

شوہر کے کوائف

Name :	Muhammad Siddique Ahmed	نام :	محمد صدیق احمد
CNIC No :	42101-3426752-1	شناختی کارڈ :	42101-3426752-1

Address

پتہ

Address :	House No. C-1/4 , Muhallah Nazimabad No 3 , City Karachi Central	پتہ :	مکان نمبر سی-1/4 ، محلہ ناظم آباد نمبر 3 ، شہر کراچی وسطی
Tehsil :	Karachi Central	تحصیل :	کراچی وسطی
District :	Karachi Central	ضلع :	کراچی وسطی

Applicant's Details

درخواست دہندہ کے کوائف

Name :	Muhammad Siddique Ahmed	نام :	محمد صدیق احمد
CNIC No :	42101-3426752-1	شناختی کارڈ :	42101-3426752-1
Relation with Deceased :	Husband	متوفی سے رشتہ :	خاوند

Entry Date : 23-Jan-2025

Issue Date : 23-Jan-2025

Entry Status : Normal

Additional Information:

تاریخ اندراج : 23-Jan-2025

تاریخ اجراء : 23-Jan-2025

اندراج اسٹیٹس : نارمل

اضافی معلومات :



دستخط سیکریٹری
یوسی 06 رحیم گوٹھ
ضلع غربی

SECRETARY
JOINT COMMITTEE FOR
RAHEEM GOTH MANGHOPIR
KARACHI



نادرا رجسٹریشن سینٹر

Big Center East

ٹوکن نمبر: 1265

یہ ٹوکن رسید قومی شناختی کارڈ کا مکمل متبادل نہیں ہے۔



ٹریننگ آئی ڈی 515851108167

محمد صدیق احمد

درخواست برائے : شناختی کارڈ کی منسوخی

درخواست کی تاریخ : نارمل

تاریخ / وقت : 11:01 10 pm 07-02-2025

طریقہ ادائیگی : cash

درخواست فیس : 0.00

سروس فیس : 0.00

کل رقم (روپیہ) : 0.00

محزز صارف : تصدیق شدہ شناختی کارڈ فارم جمع کروانے کے بعد اپنا شناختی کارڈ دو دو ماہ کے اندر وصول کریں، بصورت دیگر آپ کا شناختی کارڈ تلف کر دیا جائے گا۔

نوٹ: بن پر درج رقم کے علاوہ کوئی اضافی رقم ادا نہ کریں۔

محزز سمارٹ فون : نادرا سٹاف کے روپیے کی شکایات کی صورت میں مندرجہ ذیل ویب سائٹ پر رجوع کریں۔

<https://complaints.nadra.gov.pk>

یعنی درخواست کی موجودہ صورتحال جاننے کیلئے ٹریننگ آئی

ڈی 8400 پر ایس ایم ایس کریں۔ (چار جر 2 روپے +

ٹیکس) مزید معلومات کیلئے ہیلپ لائن نمبر

1777 یا 051-111-786-100 پر رابطہ کریں

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: <u>Shamim</u>	b) Date of Birth (A.D.): <u>6/3/1985</u>	c) Gender (Tick One) <input type="checkbox"/> M <input checked="" type="checkbox"/> F
d) Father/ Husband's Name: <u>Muhammed Saadiq</u>	e) CNIC No: <u>42101-0124733-C</u>	
f) Address of the deceased: <u>Federal B area Karachi House No. D-10</u>		g) Occupation (immediately before death): <u>House wife</u>
h) Mark of Identification: _____	i) Date of Death: <u>7-12-2024</u>	
j) Place of Death: <u>S.I.C.U. CHC.</u>	k) Time of Death: <u>5:35 am</u>	
l) Cause(s) of Death (Primary): <u>Cardio Pulmonary Arrest</u>	m) Interval between onset and death (Primary cause of death): _____	
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 type="checkbox"/> Symptoms and appearance during life		q) Result of Autopsy (if conducted): _____
r) other significant conditions/ diseases contributing to but not causing death: <u>Coronary heart disease.</u>		

1. Were you regular attendant of the deceased? No if yes since _____
2. Have you treated him/her in the last 5 years prior to death? No (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
<u>Not known</u>			

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

Witness
Signature & Date: _____
Name: _____
Address: _____

Attending Physician
Signature & Date: <u>7/1/2025</u>
Name: <u>Dr. Nazir Hussain Jatoi</u>
PMDC No: <u>31077-5</u>
Address: <u>CHC - Dept. of</u>

Anam

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

DR NAZIR HUSSAIN JATOI
Admin RMO
Department of Anaesthesiology
Surgical ICU
Dr. Ruth K.M. Pfau
Civil Hospital, Karachi

Claimant's Statement Form

دعویدار کا بیان فارم



I. Claimant's Information

Claimant's/Nominee Name: Mohammad Siddiq Ahmed		Date of Birth: 01-01-1983	
Claiming the benefit as:	Relationship with Deceased: Husband	CNIC: 4211813424752	CNIC Issue Date: 19-11-2020
Nominee <input type="checkbox"/> مستفید	Successor <input checked="" type="checkbox"/> وارث	Employer <input type="checkbox"/> نہیں	Guardian <input type="checkbox"/> نہیں
Other (Specify) <input type="checkbox"/> نہیں	Claimant's Occupation: Tailor	Employer Name: Tailor	Claimant's Address: A-62 Darya Khan Road 90th (Ghazi 90th Sector)
Mobile Number: 0306-3459018		Land Line Number: -	

2. Deceased Information

Deceased Name: Shamim		Father/Husband Name: Mohammad Siddiq Ahmed	
CNIC: 4211813424752	Date of Birth: 06-03-1989	Designation: CHW	Employer Name: CTC
Deceased Occupation: CHW	Date of joining/Start of business: -	Last working day: 02-12-2024	Business Address: Ghazi 90th Team Support center
Takaful Membership Number: -	Amount of Claim (as per PHD): -	Monthly Salary: 32000	Claimant's complete (IBAN) bank account number: -
Bank Details: -		Bank Name: -	

3. Takaful / Insurance History

Was deceased covered by takaful / insurance from any other company (if the answer is yes, please provide detail below):	Yes <input type="checkbox"/> ہاں	No <input checked="" type="checkbox"/> نہیں
<p>کیا کسی اور کمپنی / انشورنس سے بھی کوئی تہہ نہ تھی؟</p> <p>(اگر جواب ہاں ہے تو براہ کرم تفصیل سے بیان کریں)</p>		

4. Detail of Death Claimed

Date of Death: 7-12-2024	Time of Death: 5:35 AM	Cause of Death: Cardiac Pulmonary Arrest
Place & Address of Death: Civil Hospital MA Jinnah Road		

5. Past medical history

Date when the deceased complained about his/her illness: 3-12-2024	Duration of illness/sickness: 4 days
What was the complaint/symptoms? Heart problem	
Detail of medical History of all treatment taken in previous two years prior to death: -	

6. Declaration

I hereby declare that the answers to all the questions were rendered completely and truthfully and nothing has been concealed or misrepresented, otherwise, I authorize PAK-QATAR Family Takaful Ltd.

1. Knowing that the authorization will be used in determining the eligibility of the payment of death benefit, in this (and) contract and will be used for processing of these benefit only.

2. To require and collect medical and non-medical information regarding the demand from all hospitals, clinics, medical facilities, PAK-QATAR and other government service providers before making any medical benefit payment. NADRA, Bank, Takaful insurance, financial and insurance companies and request all of them to provide all such information pertaining to the deceased.

3. And the deceased had during his lifetime authorized the company to have access to such information pertaining to him.

میں اس بات کا اقرار کرتا ہوں کہ تمام سوالات کے جوابات مکمل طور پر سچے اور حقیقی تھے اور کوئی چیز چھپائی یا جھوٹائی نہیں دی گئی ہے۔

میں یہ بھی اقرار کرتا ہوں کہ ان معلومات کی بنیاد پر ہی موت کے بعد ملنے والی ادائیگی کی اہلیت کا تعین کرنے اور اس میں تاخیر نہ کرنے کے لیے اس معلومات کی جانچ لینی ہوگی۔

2. اس بات کو یقین دلانے کے لیے تمام طبی اور طبی معلومات فراہم کرنے والی تمام حکومتی اور نجی اداروں اور حکومتی اور نجی اداروں سے معلومات حاصل کرنے کے لیے اس معلومات کی جانچ لینی ہوگی۔

3. اور اس شخص نے اپنی زندگی کے دوران ہی اس کمپنی کو اس شخص کے بارے میں تمام معلومات فراہم کرنے کی اجازت دی ہے۔

دعویدار کا دستخط

Signature of Claimant & Stamp with Date

دعویدار کے دستخط اور مہتمم کے ساتھ تاریخ

021 34311747-56 | life.claims@pakqatar.com.pk | www.pakqatar.com.pk



CORPORATE AML QUESTIONNAIRE

PAK-QATAR
FAMILY TAKAFUL
Together for the Future



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: NIT

Nature: NIT

Title: NIT

CORPORATE AML QUESTIONNAIRE

PAK-QATAR
FAMILY TAKAFUL
Together for the Future



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 PEP's, 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
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. 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.

Signature & Stamp

Date

Use separate sheet where ever needed

Page 1 of 2

PAK-QATAR
FAMILY TAKAFUL



پاک قطر
فیملی تکافل

Friday, December 13 2024

Mr. Muhammad Arshad
Manager Finance

Chip Training And Consulting (Pvt) Ltd.
CHIP HOUSE, PLOT NO. 1, ,
FAYYAZ MARKET, STREET NO. 9, G-8/2, ,
ISLAMABAD..

Claim No : CL202466318
Cert ID : GL201900742195B-9853
Employee No :

Re: Group Term Takaful Benefit (Waqf Fund) - Shamim

Dear Mr. Muhammad Arshad

We feel sorry to hear about the death of your employee Shamim (Deceased). To further process the claim we require the following documents / particulars.

- 1 Attending Physician's Statment (Form D2)
- 2 AML 9 Questionnaire (Enclosed)
- 3 Attendance Record- Last 6 Months
- 4 Claimant's Statement (Form D1)
- 5 Copy of Death Certificate - Issued by Union Council
- 6 Evidence of salary - Last 6 months
- 7 Computerized National Identity Card

We will be able to process the claim on receipt of the above. Should you have any comments, questions or queries please feel free to contact us at 021-34311747-56 (Ext-162)

Looking forward to strengthen existing business relationship between the two organizations, we remain

Thanks and regards.

Head of Claims

Cc : Syed Muhammad Zeeshan Afzal

This is a system generated letter and does not require a signature.

PAK - QATAR FAMILY TAKAFUL LIMITED

102-105, Business Arcade, Block-6, P.E.C.H.S, Sharea Faisal, Karachi-75400, Phone: (92 21) 34311747-56, Fax: (92 21) 34386451,
UAN: (021) 111- TAKAFUL (825238), Email: life.claims@pakqatar.com.pk