

THE STATE OF THE STATE OF

PAKISTAN

National Identity Card



Name
Asid Nawaz



اسدنواز

Father Name Muhammad Arif

مجر عارف

Gender

Country of Stay

M

Pakistan

Identity Number

33104-0309288-9

Date of Issue

01.06.2020

Date of Birth

20.05.1982

Date of Expiry

01.06.2030



Andres

Holder's Signature

موجوده ين : دُاكُ خَامَ خَاصَ ، جِكَ 583 كُ ب وال كنيش بوره، تحسيل براً توالد، صلع فيمل آباد

33104-03092889



505331060381

منتل وته : وأك خانه جك نمبر 378ك ب، جك 379 ك ب برهيكا، منتل وت و 379 ك ب برهيكا، منتلع فيعل آباد

Registrar General of Pakistan

كمشده كارة ملغ پر قريبي ليشر مكس مين دال دين

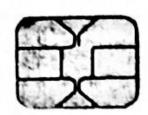


PAKISTAN

National Identity Card



Name Nazia Bibi



ناز پہ کی لی

Husband Name Asid Nawaz

امدنواز

Country of Stay Gender

Pakistan

Identity Number

33104-2736917-2

Date of Issue

14.12.2021

Date of Birth

02.12.1985

Date of Expiry

14.12.2031





Holder's Signature

385

Diff. Sit.

33104-2736917.2 موجوده بيت زاك خانه جك نمبر 378 ك ب، جك 379 ك ب بله ميكا، تحصيل جزانواله، منطع فيعل آباد



507111069937

منقل بد: دُاك خانه جك نمبر 378ك ب، جك 379ك ب برهيكان المستقل بد دُاك خانه جك نمبر 378ك ب منطح فيمل آباد مسلح فيمل آباد مسلح فيمل آباد مسلح المستقل برانواله، منطح فيمل آباد مسلحة المستقلمة المستقلم

كمشده كار دملغ ير قريبي ليشر بكس مين دال دين



Wednesday, May 14 2025

JLP 0024

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...

Reference **Cert ID**

CL202566687

GL201900742195B-12732

Employee No

Re: Group Term Takaful Benefit (Waqf Fund) - Mr. Asad Nawaz

Dear Mr. Muhammad Arshad

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

- Evidence of salary Last 6 months
- Attending Physician's Statment (Form D2)
- Copy of Death Certificate Issued by Union Council
- Claimant's Statement (Form D1)
- 5 AML 9 Questionnaire (Enclosed)
- 6 Attendance Record-Last 6 Months
- 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 Takaful Benefit

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

Claimant's Statement Form - D1

دعویدار کا بیان فارم



| I. Claimant's Information | | | | | | | كننده كابيان |
|--|--|---------------------------------|---|----------------|--|---|--|
| Claimant's/Nominee Name: Na Zi | a Bibi | | | | | | كننده استفيدكانام |
| Claiming the benefit as: | Relationship with | Deceased Spouse | ال كرماته وفته : | > Date | of Birth: 02-/2- | 1985 | ع پيدائن |
| Naminee L | | 370-20 | | | | | |
| Successor ==11 | CNIC 33 | 1019 27369 | كارۇنبر 2 📆 | توی شاختی | CNIC Issue Date 14 | -12-2021 | ں شاختی دل کا تاریخ اجراء |
| Employer 🔲 ناكده | Claimant's Occup | ation: House Wife | كليم كننده كا پيث | | of Business or over Name: | | .الى تارى الى الى الى الى الى الى الى الى الى ال |
| Guardian (=================================== | Claimant's Addres | 5 Chak# 379G | B Po Box 378 | | | la District F | م کنده کا پند: D |
| Mobile Number: 03/3-709/03 | 1 | | | | | | دُ لائن نبر |
| . Deceased Information | | 7.00 | | | | | نی کی تفصیلات |
| Deceased Name: ASIO NAW | 12 | : ۲ ۲ ۲ ۲ ۲ | Father/Husband N | ame: A | nuhammad | Ant | راخررکانام: |
| CNIC 331104 0309 | 1218181 9 | تو می شاختی کاراز نبر: | | | IN 19812 | ··· <i>U</i> | ئىداش |
| Deceased | Date of joinin | لازمت لع | 1/4.16 Decimation | ehsil | Palio Employ | er | ر کانام: |
| Occupation: | Start of busin | ess: : ; t | | | Last working day: | | ر کا آخری دان: ایکا آخری دان: |
| | | | | 2,802 | | | |
| Takaful Membership Number | مبرث نبر | Amount of Claim (as per | PMD): | | Mont کی ایجادی کے Salary معابق کلیم کی رتم | | يه تنخواه |
| Claimant's complete (IBAN) bank accou | nt number: | مويدار كاتمل (IBAN) بينك اكادنت | Bank Details: | 10 | | to: 1639 | يتغيل |
| PK 60 MU48/6 246 Takaful / Insurance Hist | | 7639 | For Cala | 4 | Branch Co Read, Jan | anuenta | 1 16 |
| Was deceased covered by takaful / I from any other company (If the answer is yes. Please provide | No | | کیامتونی کمی اورتکافل / انشو (اگرجواب ہاں ہے توورج ذ | | | | |
| Number of membership Policy | 9 مبرف بالبيي كاتعدا | late of | Company's Name | and Ad | dress and Hill of | rija z boracz kych skoczkie wsz | يغ بما و ما در او ر لس |
| | 15 | sue | | | | | ייספיי יינטבינייט |
| | | | | | | | |
| . Detail of Death Claime | | | | | | انفصيل | بم کرده وفات کی |
| Date of Death: 12-05-2025 | | | 30 PM . | وفات كأوتت | Cause of Death: | Arrost | وفات كاوجه المحمدة |
| Place & Address of Death: THQ | Hospital To | andlianwale, | Tehsil Tai | ndlic | remale Dist | rict fais late | وفات كامتام ادرة المن |
| Past medical history | | | | | | | |
| Date when the deceased complaine | d about his/her illn | ness | ن نا في يارى ك شكايت ك | ارخ ببء | Duration of illness | /sickness | يارك كادورانيه |
| What was the complaint/symptoms? | | | | | | | 2 |
| | | | | | | 102 | ^و كايت/ طامت كيا |
| Detail of medical History of all treat | | | death | | مال پيلايي كيا | سنری کا تنعیل جودفات کےدو | ملان كاتمام يديك |
| Date of فاعت ياري من Dagno | ا حاري أشيص شاهه | Name of doctor/Hospital att | ended intermediate the | عااج كروايا | | ration of atment | ملائ کا |
| | | | | | | atoricin. | |
| | | | | | | | |
| . Declaration | | | | | | | |
| herety declare that the answers to all the que othing has been concealed or misrepresented | Thereby authorize Pak | -Qatar Family Takaf il Ltd | دىسىدال كاكل ب | معها إكما بادر | کی پوئی بیس مر ید میدکداس سی ملاده و پیکو بھی نہ | | |
| Knowing that the authorization will be used a enefit in this(ese) contracts and will be used to | n determining the eligible processing of these t | ulity of the payment of death | 1 Emilian in | - 1/20/2 | سورت مي في الني المي المي المي | واختیارد جاہوں/دی بور وریند دی کا موسل سے ذکلی | ر باک تفریخلی کافل کیدندا م |
| To require and collect medical and non-med | | | ווניקטיטויאטןי בעב | | משוביים ויאט דיטיים | رر چېلارام د د تا د د د د | . ان ہات او ہائے ہوئے ا مراہ ان اسام مگ |

and collect medical and non-medical information regarding the deceased from all hospitals/doctors, medical facilities federal provincial and local government agencies, law enforcement agencies, Federal Bureau of Revenue, NADRA, Banks, takaful, insurance Retaxaful and reinsurance companies and request all of them to provide all such information pertaining to the deceased:

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

2. حريد يكرونى معتمق روارملوات أواده ولى بويا فيرطى تماميتان الأاكر بلى موليات كسراك ووقاتى اصوبائي اورمتاى مكوتي الجنيوس والون الذ كرنے واليادارے وقاق اداره يا يا تا مدفر (NADRA) درا بيك وقال وائورس رئ افال اور دى انثورس كينوں سے معلومات فرائم كرنے على كار آمادى -

3. او تى زائى دى كدوران كى كال سائل والمائل المراج المائل والمائل والمائل والمائل والمائل والمائل والمائل والم

Signature of Claimant & Stamp with Date



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

A Pak-Qatar Group Company: Pakistan's Premier and Pioneer Islamic Financial Services Group

Physician's Statement Form - D2



| Completion Instructions: | | | | |
|---|---|-------------------------|---|----------------------|
| This form may be completed by medical attendant Separate forms may be used for each attendant if n required for all memberships where the deceased Please complete the form completely with legible h | one physician ha | s attended during las | her last illness. st illness of the deceased. Ho | owever only one form |
| Takaful Membership Number: | avoiding cutting | g / overwriting. | | |
| | nformation abo | out the dece | eased | |
| a) Name | | | caseu | |
| a) Name: M& Asid Nawaz | b) Date of Birth (Age | (५८३५)) | c) Gender (Tick One) | |
| d) Father/ Husband's Name Mr. Munammad Arif | e) CNIC No | 04-0369 | 288~9 □ F | |
| f) Address of the deceased | | | | |
| Chak NO 379 GB T | ensul Jaran Fo | wala isalabad | g) Occupation death) | (immediately befor |
| h) Mark of Identification | i) Date of | Death | | |
| A 20 | | 12- | 5-2025 | |
| 1) Place of Death THOR Hospital | Tandhi k) Time o | f Death | .30PM | |
| Cause(s) of Death (Primary) | | al between onset | and death (Primary caus | e of death) |
| ΜI | | 20 min | | |
| n) Cause of Death (Secondary) | o) Interva | between onset | and death (secondary car | use of death) |
| Cardiofulmorary Arrest p) Cause of Death ascertained by | | | | |
| p) Cause of Death ascertained by Examination after death Symptoms and appearance during life | q) Result | of Autopsy (if con | ducted) | |
| r) other significant conditions/ diseases contr | ibuting to but not cause Prabetic and MC | ing death of DMD. | | |
| Wereyou regular attendant of the de | ceased? | if yes since | | |
| 2. Have you treated him/her in the last | 5 years prior todeath? | (if yes pl | ease provide detail in the | e table given below |
| Has any other physician, in your know provide detail in the table given below | wledge, treated him/he v) | r in the last 5 yea | rs prior to death? | (if yes please |
| Physician or Hospital Address | | Na | ture of illness or Injury | Date(s) of treatment |
| | | | | |
| Please provide any other information | you feel pertinent reg | arding deceased's | s ailment, habits, mode c | of living etc. |
| A | | | | |
| Witness | | | Attending Physician | |
| Signature & Date: M'Anab 12/05/20 Name: Myhammad Anab Ichah'd Address: DDH office Tandha | nvely | Signature & Da Name: | ate: M 12/05/00. 1801 ur Alman 1/8527-01-M UG HOLLITAP Jandlea | |
| | | | /////////////////////////////////////// | |

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. |
| 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 cutrusted 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 individuals.), foreign PEI'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 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. |
| | We hereby declare that all the information provided above are correct and true, and if any changes are made in aforementioned ueries during the term of the contract, then the same may be intimated to PQFTL forthwith. |
| | Signature & Stamp Date |

CORPORATE AML QUESTIONNAIRE



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) | | | |

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

| 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 | | |

| ealing Court/ Agency: | Nature: | Title: | |
|-----------------------------|---------|--------|--|
| ear: | City: | | |
| ew Details about the case:- | | | |
| | | | |



حكومت بنجاب باكستان

THE GOVT OF PUNJAB PAKISTAN



اندراج وفات سرثيفكيث

Tracking Id: 91100065376242

CRMS No. D110263849

Death Registration Certificate

دفتراندراج : CHAK NO 378 GB CHAK HAMAD

اسد نواز

ياكستاني

33104-0309288-9

20-May-1982

0 دن 0

12-May-2025

Old CRMS No. :

Name :

OLD/M REG #

Asid Nawaz

Nationality:

Pakistani

CNIC No:

33104-0309288-9

20-May-1982

Date of Birth: Gender:

Religion:

O Days O Months O Years

Sickness Period Date of Death:

12-May-2025

Date of Burial/Last rite:

13-May-2025

Place of Death:

home

379 Gh

Muhammad Arif

Village Chak 379/Gb Budheeka

Reason of Death: Buried/Last rite at :

Natural

Nature of Death:

Normal

Deceased Person's Details

تاریخ تدفین/اخری رسومات: 13-May-2025 جاليے وفات:

كيفيت وفات :

مذبب: اسلام

قدرتي وجم وفات :

جگه تدفین/اخری رسومات : ک ب 379

Parental Information

CNIC No:

CNIC No.

Mother's Name:

Father's Name:

No Entry

والدین کے کوانف

متوفی کے کوانف

والدكانام:

شتاهتی کارڈ :

نام:

قومیت :

شنافتی کارڈ :

جنس :

تاريخ بيدانش:

مدت غلالت:

تاريخ وفات:

والده كا نام: درج نہ ہے

شناعتی عارد :

يتم:

ضلع:

Address

Address:

Jaranwala

Tehsil: District :

Falsalabad

Applicant's Details

نرخواست دہندہ کے کوانف

Name:

Nazia Bibi

CNIC No:

33104-2736917-2

نازیہ بی بی 33104-2736917-2

جڙانوالہ

فيصل آياد

گاؤں چک 379 گ ب بڈھیکا

رشتہ : ہیوی

Information of Burial/Last rite by

تعقین/اغری رسومات کلاہ کے کوانف

Name:

Nazia Bibi

CNIC No:

Entry Date :

33104-2736917-2

Relation with Deceased: Wife

Relation with Deceased: Wife

16-May-2025

Issue Date :

21-May-2025

Entry Status:

Normal

Additional Information:

دستخط سيكزثرى يونين كونسل چک نمبر 378/گ ب چک حماد

تحصيل جر انواله ضلع فيصل أباد



نازیہ بی بی 33104-2736917-2

متوفی سسر رشتہ : بیوی 16-May-2025

تاريخ اندراج:

تاریخ اجراء: 21-May-2025

اندراج اسٹیٹس: نارمل

اضافي معلومات:



حكومت پنجاب پاكستان GOVERNMENT OF PUNJAB, PAKISTAN Tehsil Headquarter Hospital , Tandlianwala, Falsalabad اندراج وفات سرظكيث

DEATH CERTIFICATE



Tracking ID:

1407-7827515-2025

CRMS No.:

OLD/ M. RIG #:

دفتر اندراج

Old CRMS No.:

| | Deceased Person's | متوفی کے کوانف | |
|-----------------------------|---------------------------------|------------------------------|-------------------------|
| Name: | Mr/Ms Asid Nawaz | Mr/Ms Asid Nawaz | نام |
| Nationality: | Pakistani · | Pakistani | قومیت . |
| CNIC No.: | 33104-0309288-9 | 33104-0309288-9 | شناختی کارڈ |
| Date of Birth: | 5/20/.1982 | 5/20/1982 | تاريخ بيدائش |
| Gender: | Male | Male | جنس |
| Sikness Period: | 1 hours . | 1 hours | مد ت علالت |
| Date and Time of Admission: | 5/12/2025 10:00:00 PM | 5/12/2025 10:00:00 PM | داخلہ کی تاریخ اور وقت |
| Date of Death: | 5/12/2025 10:30:00 PM | 5/12/2025 10:30:00 PM | تاريخ وفات |
| Date of Burial/Last rite: | 5/13/2025 | 5/13/2025 | تاريخ تدفين آخري رسومات |
| Place of Death: | THQ Hospital Tandlinawala | THQ Hospital Tandlinawala | جگهٔ وفات |
| Buried / Last rite at: | Chak#379 GB Tehsil Jaranwala | Chak#379 GB·Tehsil Jaranwala | کتفین / آخری رمنومات |
| Cause of Death: | Cardio Pulmonary Arrest | Cardio Pulmonary Arrest | وجہ وفات |
| Nature of Death | Natural | Natural . | موت کی نوعیت |
| | Parental Information | والدین کے کوانف | |
| ather's Name: | Mr/Ms Muhammad Arif | Mr/Ms Muhammad Arif . | وألد كا ئام |
| CNIC No.: | | | شفاختى كارا |
| Mother's Name: | • 17 | | والده كا نام |
| CNIC No.: | | | شناختی کارا: |
| | Husband's Information | شوہر کے کوانف | |
| Husband Name: | • | | شوہر کا نام |
| CNIC No.: | | | شناختی کارڈ |
| | Address | ہتہ | |
| Adddress: | Chak no 379 GB Tehsil Jaranwala | | ېئە |
| Tehsil: | Jaranwala | Jaranwala | تحصيل |
| District: | Faisalabad | Faisalabad | ضلح . |
| | Applicant's Details | درخواست دبنده کےکوانف | |
| lame: | Mr/Ms Nazia Bibi | Mr/Ms Nazia Bibi | نام |
| NIC No.: | 33104-2736917-2 | 33104-2736917-2 | شناختی کارڈ |
| telation with Deceased: | . Wife | Wife | متوفی سے رشتہ |
| ntry Date: | 5/16/2025 | 5/16/2025 | ريخ اندراج |
| sue Date: | 5/16/2025 | 5/16/2025 | ریخ اجراً ریخ اجراً |
| ntry Status: | Late | Lale | ریی میر. براج اسٹیشن |
| | | | • |





FAMILY REGISTRATION CERTIFICATE

Applicant Name:

Nazia Bibi

Citizen Number:

33104-2736917-2

Document Number:

EA48032638

It is to certify that the family comprising of the following members is registered in NADRA with the particulars mentioned below as per the information provided.



Name: Identity No: Date of Birth: Father Name: Mother Name: **Relation With** Applicant:

Asid Nawaz 33104-0309288-9 20/05/1982 Muhammad Arif Mondan Bibi

Husband

امدنواز والدكانام: مجر عارف

موندال لي في والدوكا نام:

پرانام:

Identity No: Date of Birth: Father Name: Mother Name: Relation With Applicant:

33104-2736917-2 02/12/1985 **Muhammad Hayat** Fateh Bibi Self

Nazia Bibi

5

Family Members:

پورانام: والدكاتام: والدهكا تام :



Name: **Identity No:** Date of Birth: **Father Name:** Mother Name: Relation With Applicant:

Arooj Fatima 33104-3822916-0 13/01/2018 Asid Nawaz Nazia Bibi Daughter

> حروج فالحمد پورانام: والدكانام: امدنواز نازيرليلي والدهكانام:



Name: Identity No: ' Date of Birth: Father Name: Mother Name: Relation With Applicant:

Anaya Fatima 33104-3831561-0 13/01/2019 Asid Nawaz Nazia Bibi Daughter

> پوراتام: والدكا نام: والدمكا تام:



Identity No: Date of Birth: Father Name: Mother Name: Relation With Applicant:

Talmoor Asad 33104-8120582-1 29/03/2023 Asid Nawaz Nazia Bibi Son

> پراتام: تيموراسد امدنواز والدكا تام: والدمكا نام : نازرليل

Note:

1. The above mentioned family members are linked in NADRA database

2. There could be other family members that may be registered but not linked to this family in NADRA database

REGISTRAR GENERAL OF PAKISTAN





3310427369172





CHILD REGISTRATION CERTIFICATE

APPLICANT INFORMATION

Sport art Name nazia bibl

ور تواست وشدها شافق کارز فروا APPLICANT CITIZEN NAMEER ا

33104-2736917-2

CHIC NAME

b152752725

ورخوات ومندوكاتام: يريلل

505335004096 Tracking ID:

CERTIFICATE NUMBER:

48654889

APPLICANT CURRENT ADDRESS

ورخوات دمنده كاموجرود به: الك هازيك نم 378ك ب، يك 379ك بديرا تعميل جزانواله، من يعمل آياد

CHILD INFORMATION



FIRST NAME LAST NAME

يلام والع ألولم وال

BIRTH COUNTRY زيدائش كا تحسيل وطل الحك OR TEHSIL DISCTRICT

שונווח לושות

Jaranwala,faisalabad

برانواله فيملآ باد

Arooi Fatima CITIZEN MUMBER 1

FIEL NAME

33104-3822916-0

DATE OF BIRTH!

13-01-2016

GENDER: Female

FINGERPRINT: NO PHOTO: NO

FATHER'S NAME

Asid Nawaz

FATHER'S IDENTITY NUMBER / والدكا شافق كارة غمر.

33104-0309288-9

والدكانام: المدنواز

DISABILITY: NO

معذوري: كُولُ فين

MOTHER'S NAME

Nazia Bibi

والدوكا شاختى كارد فمبر / MOTHER'S IDENTITY NUMBER

33104-2736917-2

الدولانام: عاريه لي

RELATION: Daughter

رشته بعيق

- 1. Submit the application for ID card as soon as the registered child reaches the age of 18 years. ID card of child will be issued with the same number.
- 2. Certificate should be renewed within one month of expiry as mentioned on the certificate.
- 3. Get your newborn registered immediately and get a new registration certificate
- Obtain a new registration certificate in case of any change in data

ورئ شدو بي كي مراخده سال او يقرى شافتي كار د كي ليد و خوات مع كروائين - مزيدران بي ع انحده سال كى مرع بسنيني اى تمرع حوال سد شافتي كار د ماري يابا كالدو درن شده تاني مسي كايك مادك الدرسر يكيك كا تجريد كرواكيل-وزائده ميحافورى طور برا دراح كوائي اور نياد جنويش سر بيكيت ماسل كري.. كوائك في تبديلي في صورت مين نياد جنويش سر بيكيت ماسل كرين..

REGISTRAR GENERAL OF PAKISTAN

Date of Issue

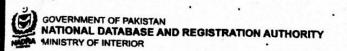
Date of Expiry

21-05-2025

14-01-2028

33104-2736917-2







CHILD REGISTRATION CERTIFICATE

APPLICANT INFORMATION

Applicant Name nazia bibi

ور فواست وبندة كالتياكم والمم APPUCANT CITIZEN MUMBER / من المنافقة المناف

33104-2736917-2

CBAC NUMBER

b715997250

ورخوات وبندوانام: عاريلال

Tracking ID: 505335004096 CERTIFICATE NUMBER

48654888

APPLICANT CURRENT ADDRESS

ود خواست درسندها موجوده بد : فاك خاز جك نمبر 378ك ب، جك 379ك ب إميا، تحسيل جزانوالد، خلع فيعل آباد

CHILD INFORMATION



FIRST NAME Aneya

FULL NAME

LAST NAME

بهانام: حام آفرىنام: قالم

BIRTH COUNTRY

زمدائش كاتمعيل وضلح اسلك OR TEHSIL DISCTRICT

كالإرائع: حد قال

Jaranwala,faisalabad

بزانواله فيملآ باد

Anava Fatima شائسًة، ذخرِ CITIZEN NUMBER شائسًة المرا

على بدائل DATE OF BIRTH / من بدائل 33104-3831561-0

13-01-2019

GENDER: Female

IRIS: NO

PHOTO: NO

FINGERPRINT: NO

FATHER'S NAME **Asid Nawaz**

: والدكا شاختى كار د تمير / ATHER'S IDENTITY NUMBER:

33104-0309288-9

والدكانام: الدنواز

DISABILITY: NO

معذوري: كلك فين

MOTHER'S NAME

Nazia Bibi

: والدوكا شاختي كارد تمير / MOTHER'S IDENTITY NUMBER

33104-2736917-2

والدوكانام: تازير لي في

RELATION: Daughter

رشته: بيني

Submit the application for ID card as soon as the registered child reaches the age of 18 years. ID card of child will be issued with the same number.

Certificate should be renewed within one month of expiry as mentioned on the certificate.

Get your newborn registered immediately and get a new registration certificate

Obtain a new registration certificate in case of any change in data

ورج شدہ مچ کی حرائماد مال او نے می شاختی کارڈ کے لیے درخوات مع کروائیں۔ مزید برال مجے کے اعماد مال کی حرائے بسنے برای نمبر کے حوالے سے شاختی کارڈ جاری بیاجائے کا۔ ورج شده تان عمي كايك مادك الدرسر فيكيك كي تجريد كرواكي-

رین اینامانی و است میساسد میراند. نوزادیده یجها فوری طور پر ایران کردائی اور نیار جبریش سر بیکیت هامس کریل. کوانف کی تبدیلی کی صورت میں نیار جبریش سر بیکیت هامس کریل.

REGISTRAR GENERAL OF PARISTAN

Date of Issue 21-05-2025 Date of Expiry 14-01-2029







CHILD REGISTRATION CERTIFICATE

APPLICANT INFORMATION

nazia bibi

ورخواست وسنده كاشالق كار (نمع ا APPLICANT CITIZEN NUMBER

33104-2736917-2

b175477354

ورخواستدا بندولانام: عاريال

505335004096

CERTIFICATE NUMBER:

48654887

APPLICANT CURRENT ADDRESS

ورخواست دسندها وجوده يته : فاكت خاز چك تمبر 378 ك ب، چك 378 ك ب برهيكا، تحسيل براواله، خلع فيمل آباد

CHILD INFORMATION



FIRST NAME پانام: حيود آفرينام: الد LAST NAME FULL NAME يكابورانام: تيورامد Talmoor Asad

Tracking ID:

زیدائش کا تحصیل و ضلع اسلک OR TEHSIL DISCTRICT

Jaranwala,faisalabad

جرانواله فيملآماد

شافتقكارة فمبرا CITIZEN NUMBER GENDER: Male

33104-8120582-1

DATE OF BIRTH ا

IRIS: NO

29-03-2023

PHOTO: NO

FATHER'S NAME **Asid Nawaz**

والد كا شافتق كار و تمبر / ATHER'S IDENTITY NUMBER:

33104-0309288-9

والدكانام: المدنواز

DISABILITY: NO

معذورى: كُلُّافيس

MOTHER'S NAME

Vazia Bibi

والدوكا شنافتىكار د نمير / MOTHER'S IDENTITY NUMBER

13104-2736917-2

والدوكانام: نازيرليل

RELATION: Son

رخ: خا

Submit the application for ID card as soon as the registered child reaches the age of 18 years. ID card of child will be issued with the same number.

. Certificate should be renewed within one month of expiry as mentioned on the certificate.

Get your newborn registered immediately and get a new registration certificate

Obtain a new registration certificate in case of any change in data

ے۔ ورج شرو بچ کی مزافوروسال ہوتے ہی شافتی کارڈ کے لیے درخواست محم کروائیں۔ مزید برال بچ کے اٹھارہ مال کی عمر کے پہنچنے پرای نمبر کے حوالے سے شافتی کارڈ جاری کیا جا گا۔ و**رج شدہ تائع تھی کے ایک مام کے ایک سر شکیٹ کی تعدید کروائیں۔** نوزائیدہ بچے کا فوری افدراج کروائیں اور نیار جمڑیش سر بیکیٹ مامل کریں۔ کوائٹ کی تعدید تا میں نیار جمڑیش سر ٹیکیٹ مامل کریں۔

REGISTRAR GENERAL OF PAKISTAN

Date of Issue

Date of Explry 30-03-2026



33104-2736917-2

