## CORPORATE AML QUESTIONNAIRE



Participant Name :	
Is your company/establishment/entity aware about and prevalent in Islamic republic of Pakistan? If No, then why?	subsequently compliant as per the Anti-Money laundering/CFT laws
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 th	e field? Yes No
datalle of the respective individual(s).	ement a Politically Exposed Person (PEP)? If yes, then please share the with prominent public functions, for example Heads of State or of government, senior politicians, senior ns, important political party officials.
your foreigner Director or Senior Management is Foreign respective individual(s).  foreign PEPs individuals who are or have been entrusted with prominent public government judicial or military officials, senior executives of state owned corporation.	ment a Foreign National? If yes, then please also inform us that if any of a Politically Exposed Person? If yes, then please share the details of the functions by a foreign country, for example Heads of State or of government senior politicians, senior ins, important political party official AND all organization, means members of senior management and members of the board or equivalent functions.
investigations, sanctions, punitive actions indictment, h	oney laundering or terrorist financing-related proceedings (please see overleaf) and fines, conviction or civil enforcement action imposed on your management by a regulator or law enforcement body during the last five years
Does your company/institution/entity receives any kind of investigation locally or from any sources which are based in	funding/donations/charities received from any sources which are unden foreign? If yes, then please share the details.
Has your company/institution/entity, to your knowledge conviction or civil enforcement action related to terrorism	ge, been the subject to any investigation, indictment, penalty, fin- financing in the past five years? Yes No
Is your company/institution/entity engaged in any sort compliant by the FATF or UN? If so, then please share the compliant by the FATF or UN?	of business activities with the countries being marked as AML no details.
e hereby declare that all the information provided above les during the term of the contract, then the same may be	are correct and true, and if any changes are made in aforemention in intimated to PQFTL forthwith.
Signature & Stamp	Date



# NATIONAL DATABASE AND REGISTRATION AUTHORITY

Ministry of Interior Government of Pakistan

# RECIEPT FOR ID CANCELLATION

Uniter Section 17(3) of NADRA ordinance 2000

2000-28 J. S. Extra dec

			24.00-
agenture Decemb	11,4340	Name	Ser E
44205-2396010-5		Hakim Ali	
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Sibling			
No special Decials		Rehmat	
Muhammad Raheem	esta.		7. 27.
		- 4. Assertly Martiner.	11.43%
May, 2025	5.0	44205-3413118-8	National Control of the Control of t



10 June, 2025



4420523960105

"This receipt is legally admissible as evidence to prove the above-mentioned data and information of the aforesaid deceased under section 17(4) of NADRA ordinance 2000.



Tracking Id: 91100065383783

#### حكومت سنده باكستان THE GOVT OF SINDH PAKISTAN

### اندراج وفات سر ثبقكيث

Death Registration Certificate

عَثَرَالْدراج : 30 JAMRAO\_800780

تام: رحمت

قوميت: شتاختی کارد:

تاریخ پیدانش: 01-Jan-1992

جنس: عورت

> مدت علالت : تاريخ وفات:

تاریخ تدفین/اخری رسومات: 03-May-2025

جائے وقات :

والدكا نام:

والده كا نام:

شقلفتى كارة:

ئىللىكى كارد:

وجم وقات : كيفيت وفات : قدرتي

جگه تدفین/اخری رسومات : میران استاب

CRMS No. D110278248 Old CRMS No. : متوفی عے کوالف Deceased Person's Details OLD/M REG #: Rehmat باكستاتي Nationality: Pakistani 44205-3413118-8 44205-3413118-8 CNIC No : Date of Birth: 01-Jan-1992 مذبب : اسلام Religion: Gender: 00 دن 00 ماه 00 سال 00 Days 00 Months 00 Years Sickness Period: 03-May-2025 Date of Death: 03-May-2025 Date of Burial/Last rite: 03-May-2025 Place of Death: Home Nature of Death: Natural Reason of Death: Buried/Last rite at : Meeran Stap والدين كے كوالف Parental Information محمد رحيم Father's Name: Muhammad Raheem CNIC No: زيب التساء Mother's Name : Zaibulnisa 44205-7683909-2 CNIC No: 44205-7683909-2

Husband's Information

شوہر کے کوالف

نام: محمد صديق Name: Muhammad Siddique شناختى كارلا: 44205-3793380-1 CNIC No : 44205-3793380-1

> يتم Address

Address: Haji Wali Muhammad Chang Village 035-Jamrao حاجى ولى محمد چاتگ گاؤ ں جمڑاو 36

> سنجهورو تحصيل:

سائكهژ

درخواست دہندہ کے کوالف Applicant's Details

Name: Muhammad Siddique محمد صديق نام: CNIC No : 44205-3793380-1 شناختی کارڈ: 44205-3793380-1

Relation with Deceased: Wife متوفی سے رشتہ : بیوی

Entry Date: 21-May-2025 تاریخ اندراج: . 21-May-2025

Issue Date : 21-May-2025 تاریخ اجراء: 21-May-2025

Entry Status: Normal اندراج اسٹیٹس: نارمل Additional Information:

اضافي معلومات:

سيكريثرى يونين كونسل

Sinjhoro

Sangnar

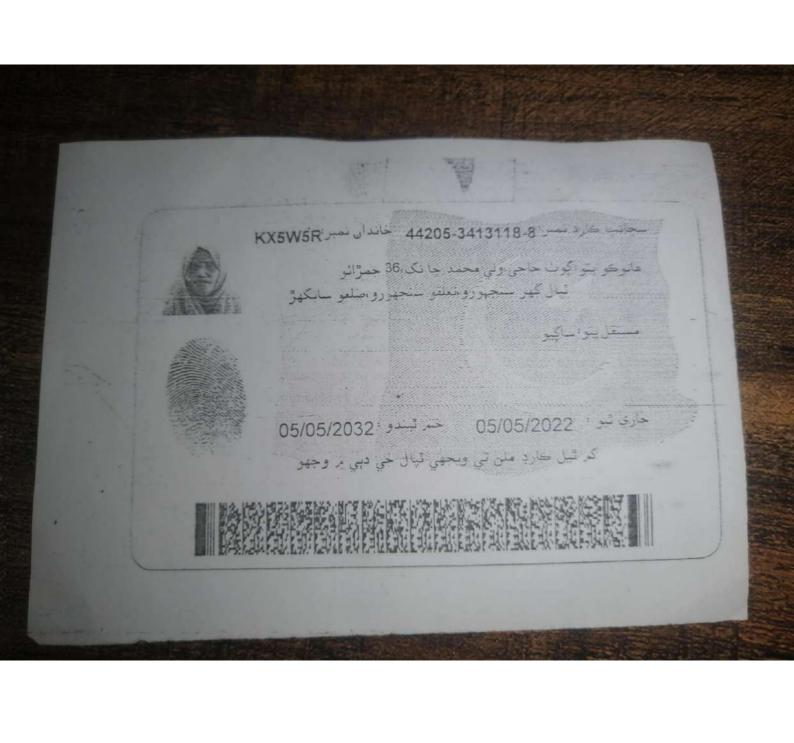
Tehsil:

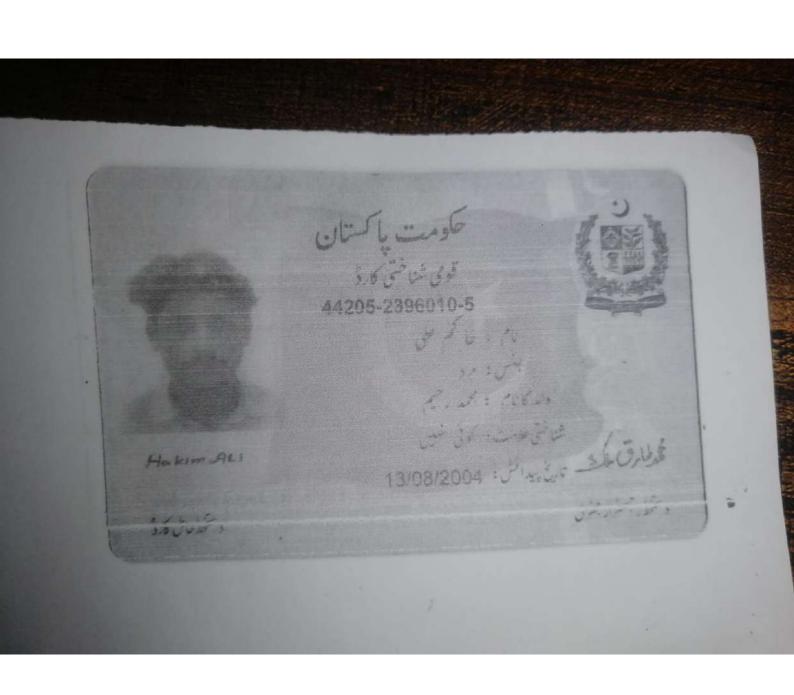
District :

جمر او 30 ، ضلع سانگهر













# Physician's Statement Form - D2

Takaful Membership N		formation about the deceased	
			int One)
a) Name:		b) Date of Birth (Age) c) Gender (T	(ch. solie)
Kehmat	ıma	01- Jan - 1992- 07F	
d) Father/ Husband's Na		44205-34131188	
Muhammad n Address of the deceas			ccupation (immediately before
(Fixed States and Control of the Con		death	
J: 11mal Sair	Bux Rind	Khasoro, Sinjhoro, Sangod	CHW (POLO WOYK
h) Mark of Identification			
		3-5-2025	
Place of Death one		k) Time of Death 9, 20 P	m
Carried of Dunet (Dule	nary)	m) Interval between onset and death (Pr	imary cause of death)
Breast Concer	and Brain v	elastans 2 months	MONTANO HE TO CONTRACT STATE
Cause of Death (Secon		o) Interval between onset and death (se	condary cause of death)
Carolio expiral		few days	, and a sound
Cause of Death ascerta	0	g) Result of Autopsy (if conducted)	
Examination after dea		d) result of Autopsy (ii conducted)	
Symptoms and appeara	1 (2) 1866		
Symptoms and appears	nce during life		
A MUNICIPAL PROPERTY OF THE PR		ting to but not causing death	
A AVE		ting to but not causing death	
other significant condition	ons/ diseases contrib		
other significant conditions  . Wereyou regular a	ons/ diseases contrib	sed?if yes since_2023	
other significant condition  . Wereyou regular a  . Have you treated h	ons/ diseases contrib	sed? if yes since 2023 ears prior todeath? (if yes please provide	
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other significant condition  . Wereyou regular a  . Have you treated h  . Has any other physi	cons/ diseases contrib ctendant of the dece im/her in the last 5 cian, in your knowle	sed? if yes since 2023 ears prior todeath? (if yes please provide	ss or Injury Date(s) of
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Nan

## Claimant's Statement Form - D1



وعويدار كا بان فارم الم كشده كا بيان 6220 12 de 12 1. Claimant's Information Hakim Ali Brother Nominee 🔲 🚅 441205 23760110 5 243251 0 Successor E ±4 Employer [] Village Sain Bux Pind, Khadoro, Sinjhoro, Saugharting Other (Specify) | (4/Caladi Mobile Number: 0318 - 102195-7 25 Land Line Num متوفى كى تفسيلات 2. Deceased Information 12835 Fathermentand Name Muhammana Sadia 12825121 Rehmat CNIC 41412015 314131118 8 1888 003 Date of Birth 01001992 Start of business 01-04-20 25 13-05 Designation CHW of Finalities CV6 21 Karach; というかり Monthly えられて Salary Bank Details ومويدار كالحمل (IBAN) بينك الاؤتث فير تكافل النثورس كي يستري 3. Takaful / Insurance History Yes U Was deceased covered by takaful / Insurance (الريوابوال = والقادل المسلمواريا) (If the answer is yes. Please provide Detail below) 4. Detail of Death Claimed فيم كرده دفات كي تفسيل Time of Death Cause of Death 03 - May - 2025 キャルトロードニ 日 Home 5. Past medical history Duration of illness/sickness What was the complaint/symptoms? のかんこうはんこん Detail of medical History of all treatment taken in previous two years prior to death عان کی تنام دید مل بستری کی تفصیل دود فات ک دو سال پہلے کیا گیا

#### 6. Declaration

I hereby declare that the answers to all the questions were entered completely and truthfully and nothing has been concealed or misrepresented. Thereby authorize Fak-Qatan Family Takaful Ltd:

- Knowing that the authorization will be used in determining the eligibility of the payment of death benefit in this(ese) contracts and will be used for processing of these benefits only:
- 2. To require and collect modical and non-medical information regarding the deceased from all hospitals/doctors, medical facilities, federal, provincial and local government agencies, low, enforcement agencies, federal Bureau of Revenue, NADRA, Banks, takaful, insurance Retaivalul and remainance 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.

على المركان المحافظة المراجعة المراجعة

ے استان کا بیان۔ 2 مل ہے کہ جاتی ہے حصل عدال معلومات فرادہ بھی ہولیا فرطی قام ہوتی اس کا استان کی استان مکافی ایجنہوں ہوئی اور کر کے دالے دارے مالی ادارہ استان کے آمر (NADRA) بھران بیک رہائی را شورش دی افاقی ادری انتواز کی کا بیان سے مطلبات فراز مرکز کے شاری کا مار دی گ

- - La Color Coment Color - or Color Come Carde

Signature of Claimant & Stamp with Date

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021 34311747-56 | Ida cjaime@pakqatar.com.pk | www.pakqutar.com.pk