

# Physician's Statement Form - D2



## 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:

Nazia Bibi

d) Father/ Husband's Name

Abdul Ghani

b) Date of Birth (Age)

16-05-1992

c) Gender (Tick One)

☐ M  
☒ F

e) CNIC No

f) Address of the deceased

Killi Sufi Aman Dock Khana Kuchlak Tehsil o Zilla Qta.

g) Occupation (Immediately before death)

CHW at Polio center

h) Mark of Identification

i) Place of Death

Mufti Mehmood Hos. Kuchlak

j) Date of Death

18-May-2025

k) Cause(s) of Death (Primary)

M.I.

l) Time of Death

7:00 Pm.

m) Cause of Death (Secondary)

Half hour

n) Cause of Death ascertained by

- ☐ Examination after death  
☒ Symptoms and appearance during life

o) Interval between onset and death (secondary cause of death)

q) Result of Autopsy (if conducted)

Not conducted

r) other significant conditions/ diseases contributing to but not causing death

NO.

1. Were you regular attendant of the deceased? Yes if yes since childhood.
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? NO (if yes please provide detail in the table given below)

Physician or Hospital	Address	Nature of illness or Injury	Date(s) of treatment
/	/	/	/

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

Witness

Signature & Date:

Name:

Address:

Abdul - Waseem  
Killi Sufi Aman Dock Khana Kuchlak Tehsil o Zilla Qta.

Attending Physician

Signature & Date:

Name:

PMDC No:

Address:

Dr. Sana Bahat  
18-5-2025  
B-6193-B  
SD-2-Old campus Bk. Qta.

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  
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DR. SANA  
L.M.O (B-17)  
Mufti Mehmood Memorial  
Hospital, Kuchlak



# CORPORATE AML QUESTIONNAIRE

PAK-QATAR  
FAMILY TAKAFUL  
Together for the Future



Participant Name :

Nazia bibi

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 foreign 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*

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



# CORPORATE AML QUESTIONNAIRE

**PAK-QATAR**  
FAMILY TAKAFUL  
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## 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*

**PAK-QATAR**  
FAMILY TAKAFUL



پاک قطر  
فیملی تکافل

Monday, June 2 2025

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 : CL202566735  
Cert ID : GL201900742195B-11704  
Employee No :

Re: Group Term Takaful Benefit (Waqf Fund) - Ms. Nazia Bibi

Dear Mr. Muhammad Arshad

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

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

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**  
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