

Physician's Statement Form - D2

Completion Instructions:

- This form may be completed by medical attendant who have treated the deceased covered in his/her last illness.
- 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.
- Please complete the form completely with legible handwriting avoiding cutting / overwriting.

Takaful Membership Number: _____

Information about the deceased

| | | |
|---|--|---|
| a) Name: <u>TAHYABA FATIMA</u> | b) Date of Birth (Age): <u>16/09/1988</u> | c) Gender (Tick One) <input type="checkbox"/> M <input checked="" type="checkbox"/> F |
| d) Father/ Husband's Name: <u>RAZA MUHAMMAD</u> | e) CNIC No: <u>55302-4210157-0</u> | |
| f) Address of the deceased: <u>HOUSE #7, MOHALLAH WAPDA COLONY, CHAKROB ABAD, QUETA</u> | | g) Occupation (immediately before death): _____ |
| h) Mark of Identification: <u>NIL</u> | i) Date of Death: <u>03/06/25, 5:00AM</u> | |
| j) Place of Death: <u>BALAN MEDICAL COMPLEX HOSPITAL QUETA</u> | k) Time of Death: <u>5:00AM</u> | |
| l) Cause(s) of Death (Primary): <u>CARCINOMA</u> | m) Interval between onset and death (Primary cause of death): <u>CONSERVATIVE (Already from MAYO HOSPITAL)</u> | |
| n) Cause of Death (Secondary): <u>SPREAD OF CANCER</u> | o) Interval between onset and death (secondary cause of death): <u>CONSERVATIVE (Already from MAYO HOSPITAL)</u> | |
| p) Cause of Death ascertained by <input checked="" type="checkbox"/> Examination after death <input type="checkbox"/> Symptoms and appearance during life | q) Result of Autopsy (if conducted): <u>N/A</u> and was referred | |
| r) other significant conditions/ diseases contributing to but not causing death: <u>NIL</u> | | |

- Were you regular attendant of the deceased? No if yes since _____
- Have you treated him/her in the last 5 years prior to death? YES (if yes please provide detail in the table given below)
- 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>DR. MIR KHAN TAREEN</u> | <u>BUT CHOWIL, TAJDURA SCHEME, KARACHI</u> | <u>CONSERVATIVE MANAGEMENT FOR CANCER</u> | <u>30/05/25</u> |

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

Witness

Signature & Date: Raza Muhammad 18/6/25

Name: RAZA MUHAMMAD

Address: BARARI ROAD, MOHALLAH
EBRANIM ZAFER KHAN PLOT 87, QUETA

Attending Physician

Signature & Date: 18/6/25

Name: DR. MEER KHAN TAREEN

PMDC No: 423215

Address: DR. MIR KHAN TAREEN
SCHEME, KARACHI

DR. MEER KHAN
MBBS RMP
PMDC 423215-6

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

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) | | |

| 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

Wednesday, June 11 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 : CL202566753
Cert ID : GL201900742195B-11925
Employee No :

Re: Group Term Takaful Benefit (Waqf Fund) - Ms. Tayaba Fatima

Dear Mr. Muhammad Arshad

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

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

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

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 <input type="checkbox"/> No <input type="checkbox"/> |
| 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). <i>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.</i> |
| 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). <i>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</i> AND <i>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</i> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 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