



Note: All answers must be in Physician's handwriting.
Please don't leave any blank, unanswered question, date and/or signature, wherever applicable

1. Deceased's Information

a. Deceased' Name: Mohammad Sadiq
 b. Father's Name/Husband's Name: Mohammad Noor.
 c. Date of Birth of deceased: 01-01-1968 Age: 56 years CNIC No. 54201-7412359-8
 d. Residential Address: Killi Abizan UC Zaraband district
Chaman Contact No. 0315-2662321

2. Event Information

a. Date of Death 11-01-2024
 b. Place of Death CIP-01
 If died in hospital or other medical institution, please give name Nil
 c. Primary Cause of Death Cardiac Attack / Cardiac Arrest
 d. Secondary Cause of Death -
 e. Interval between onset and death

| From | To | No. of Days |
|------|----|-------------|
| | | |
| | | |
| | | |

3. Past Medical History

a. When did deceased first complain of or give other indications of his/her last illness? Nil
 b. Date last consulted or took medical advise of his/her last illness? Dec 01, 2023.
 c. Have you treated or advised any treatment prior to last illness? Yes No
 d. Did the deceased, to your knowledge, receive treatment during the last five year from any other physician, or hospital? Yes No

| Date | Physician/hospital Name | Nature of Illness | Treatment |
|------|-------------------------|-------------------|-----------|
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4. Accidental Death/Suicide, Homicide

a. Cause of death, please specify Accident Suicide Homicide Other Cardiac Attack
 b. Please describe event in detail Cardiac arrest during the field
 c. Was an Inquest/investigation held? Yes No
 d. Was an autopsy performed Yes No if yes, please describe findings in detail

5. Declaration

I hereby declared that to the best of my knowledge and belief the information given herein is true and complete

Signature: [Signature] Date of statement:
 Name: Bibi Malika Contact No. 0315-2662321 Stamp

PAK-QATAR FAMILY TAKAFUL LIMITED

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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? | Yes, we aware about it |
| 2. Is your company exposed to any risk determined as per the AML/CFT Laws? If yes, then please share the details. | No, we are not |
| 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). <small>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.</small> | |
| 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). <small>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</small> | |
| 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