





Section A: (To be filled by the Participant / Client)

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(Please submit Approved Proposal and AML Documents as per Annexure-I, along with the Confirmation Form)

I. CLIENT DETAILS:								
Name of Company:				Branch I N	lame:			
Branch 2 Name (if require	d)					New Business - Fresh		
Branch 3 Name (if require	d)		Business Type		oe .	Roll Over		
Branch 4 Name (if require	d)					Renewal E	Business	
Nature of Business:								
Mailing Address:								
Contact Person(s):		,			Contact Person's CNIC #:			
Designation:				CNIC Issue date:		YYYY		
Phone:				NTN#:				
E-mail:				MOB Number:				
I - 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 2- Does your company/ institution has any criminal record or criminal proceedings pending against you before any adjudicating forum(s) of Schedule IV of the Anti-Terrorism Act 1997 or as per any other prevailing law of the land? YES NO								
3- Does your company/ ins	titution has an office	or trade in porous bord	lers/provinc	es ? YES	NO	(if yes please shar	e Address)	
2. SCHEME DETAILS	\$:							
Scheme Effective Date:	DD MMYYYY	Scheme Expiry Date:	D D M M	YYYY	Mode of payment:		Max. Eligibility Age:	
Proposal No:		Proposal Date:	D D M M	YYYY	Version:		Option:	
Unit Rates Upto Age:		Contributory	Non-Co	ntributory	Compulsory	Non-Compulsory	Retirement Age:	
FOR HEALTH ONLY:		<u>, </u>		,	<u>, </u>			
Max Maternity Eligibility Age:		No of Lives:			Parents Coverage:			
Pool Amount (Rs.):		Takaful Based	ASO Ba	sed	Refundable	Non-Refundable		
					•		•	
3. ELIGIBILITY DETA	LS:							
Class/Category/Plan		Description / Eligibility Criteria (Mandatory)					Amount of Cover (Rs.)	
Α								
В								
С								
D								
E								
4. BACK DATED CLAIMS CONFIRMATION:								
In case of back dated Confirm	nation. Please confirm C	Claim Status, if any: YES_	N	10				
Provide the details:	Claims #		Claims Am	ount (Rs.)				
5. DECLARATION BY EMPLOYER/AUTHORIZED REPRESENTATIVE:								
Name:								
Designation:								
8	Please Affix Official Stamp/Seal With Signature							







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Section B: (To be filled by the Corporate Office / Case Manager)

FOR OFFICE USE ONLY						
6. SPECIAL INSTRUCTION / PROVISIONS:						
7 SALES DEDCONNEL	DETAIL C. /IID. C. J.II / IIC J. J. C		Land and the Park land Bullion	A () O D : :		
(Manager) only).	DETAILS: ("Default" / "Standard Commissi	on as per the approved	grid and is applicable to Primary i	Agent (Internal) and Over Riding		
Agent Type	Name	CODE	Commission %	Production %		
Primary Agent:						
External Agent						
Overriding-I Agent:						
Overriding-2 Agent:						
8. APPROVAL STATUS	5					
Marketing Executive	Supervisor	Zonal/Regio	onal Manager	Head of TDT - Corporate		
Name, Signature & Date	Name, Signature & Date	Name, S	gnature & Date	Name, Signature & Date		
9. FOR OPERATION'S	USE ONLY					
Date of Receiving:		Received By: -				
Comments:		,				
10. REQUIRED DOCU	JMENT'S CHECKLIST:					
NOTE:						
	SECP (Anti Money Laundering and Cou	ntering Financing of	Terrorism) Regulations, 2020'	', please submit following(s), against the		
	ents as per attached Annexure-I					
2. Corporate AML Questionnaire Form						
		لم				
	Customer Portal 247	Help Line Elaaj App Hosp	Ital Network			





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Annexure - I Please select / tick one of the following as per your type of business / organization Prerequisite Documents to be provided with policy confirmation ☐ Individuals Form III about change in directors, principal officers etc. in already registered foreign companies branch or liaison office of a foreign company A copy of any one of the following valid identity documents: (vii) A Letter from Principal Office of the entity authorizing the person(s) to open and Computerized National Identity Card (CNIC)/Smart National Identity Card (SNIC) operate the account. issued by NADRA. Branch/Liaison office address. National Identity Card for Overseas Pakistani (NICOP/SNICOP) issued by NADRA. Form-B/Juvenile card/Child Registration Certificate (CRC) issued by NADRA to (iii) Trust, Clubs, Societies and Associations etc. children under the age of 18 years. Pakistan Origin Card (POC) issued by NADRA. (iv) Certified copies of Alien Registration Card (ARC) issued by National Aliens Registration Authority Certificate of Registration/Instrument of Trust (v) (a) (NARA), Ministry of Interior (local currency account only). By-laws/Rules & Regulations (b) Proof of Registration (POR) Card issued by NADRA (vi) Resolution of the Governing Body / Board of Trustees / Executive Committee, if it is (ii) ultimate governing body, for opening of account authorizing the person(s) to operate Passport; having valid visa on it or any other proof of legal stay along with passport (vii) (foreign national individuals only). Photocopy of identity document as per Sr. No. I above of the authorized person(s) and of the members of Governing Body / Board of Trustees / Executive Committee, Joint Account if it is ultimate governing body. A copy of any one of the documents mentioned at Serial No. I; and (iv) Registered address/ Business address where applicable. In the case of joint accounts, CDD measures on all of the joint account holders shall (ii) be performed as if each of them is individual customers of the RP. **■** NGOs/NPOs/Charities Sole proprietorship (i) Certified copies of: Registration documents/certificate (a) A copy of identity document as per Sr. No. I above of the proprietor. (i) By-laws/Rules & Regulations (b) Attested copy of registration certificate for registered concerns. (ii) Resolution of the Governing Body / Board of Trustees / Executive Committee, if it is (ii) Sales tax registration or NTN, wherever applicable (iii) ultimate governing (iv) Account opening requisition on business letter head. body, for opening of account authorizing the person(s) to operate the account. Registered/ Business address. (v) Copy of identity document as per Sr. No. I above of the authorized person(s) and of Certificate or proof of membership of trade bodies etc., (if any) the members of Governing Body/Board of Trustees /Executive Committee, if it is ultimate governing body. Partnership Any other documents as deemed necessary including its annual accounts/ financial statements or disclosures in any form which may help to ascertain the detail of its Copies of identity documents as per Sr. No. I above of all the partners and authorized (i) activities, sources and usage of funds in order to assess the risk profile of the signatories prospective customer. (ii) Attested copy of 'Partnership Deed' Registered address/ Business address. Attested copy of Registration Certificate with Registrar of Firms. In case the (iii) partnership is unregistered, this fact shall be clearly mentioned on the Account ■ Agents Opening Form Authority letter from all partners, in original, authorizing the person(s) to operate (iv) Certified copy of 'Power of Attorney' or 'Agency Agreement'. firm's account. Copy of identity document as per Sr. No. I above of the agent and principal. (v) Registered/ Business address. (iii) The relevant documents/papers from Sr. No. 2 to 7, if agent or the principal is not a natural person. Limited Liability Partnership (LLP) Registered/ Business address. Copies of identity documents as per Sr. No. I above of all the partners and authorized (i) ■ Executors and Administrators Certified Copies of: Copy of identity document as per Sr. No. I above of the Executor/Administrator. 'Limited Liability Partnership Deed/Agreement. A certified copy of Letter of Administration or Probate. LLP-Form-III having detail of partners/designated partner in case of newly incorporated LLP. (c) LLP-Form-V regarding change in partners/designated partner in (b) (iii) Registered address/ Business address. case of already incorporated LLP. Minor Accounts (iii) Authority letter signed by all partners, authorizing the person(s) to operate LLP account. Copy of Form-B, Birth Certificate or Student ID card (as appropriate). Copy of identity document as per Sr. No. I above of the guardian of the minor. (ii) ☐ Limited Companies/ Corporations ■ Mentally Disordered Person Account Certified copies of: (a) Resolution of Board of Directors for opening of account specifying the person(s) Copy of applicable valid identity documents of mentally disordered person and court authorized to open and operate the account; appointed manager under the applicable laws related to mental health; (b) Memorandum and Articles of Association; (ii) Certified copy of Latest Certified true copy of court order for appointment of manager for mentally (ii) 'Form-A/Form-B'. disordered person; Incorporate Form II in case of newly incorporated company and Form A / Form ${\sf C}$ (iii) Verification of identity document through bio-metric verifications from NADRA for whichever is applicable; and Form 29 in already incorporated companies both persons i.e. mentally disordered person and the manager appointed by court; Copies of identity documents as per Sr. No. I above of all the directors and persons (iv) (iv) Verification of court order from the concerned court (to be obtained by Regulated authorized to open and operate the account; (v) Copies of identity documents as per Sr. No. I above of the beneficial owners. Branch (v) Account would be opened in the name of mentally disordered person and the same Office or Liaison Office of Foreign Companies will be operated by the court appointed manager; All CDD requirements/formalities should be conducted /completed for both persons; (vi) ☐ Branch Office or Liaison Office of Foreign Companies and (vii) In case of change of manager by the court, the CDD will be conducted for the new A copy of permission letter from relevant authority i-e Board of Investment. (i) appointed manager by the Regulated Person afresh. Copies of valid passports of all the signatories of account. (ii) (iii) List of directors on company letter head or prescribed format under relevant laws/regulations. Certified copies of Form II about particulars of directors, Principal Officer etc. in case of newly registered branch or liaison office of a foreign company.

Please refer to backside for further details





Confirmation Form Group Health



Note:

- For due diligence purposes, at the minimum following information shall also be obtained and recorded on KYC (Know Your Customer)/CDD form or account opening form:
 - Full name as per identity document;
 - Father/Spouse Name as per identity document;
 - Mother Maiden Name;

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- Identity document number along with date of issuance and expiry;
- Existing residential address (if different from CNIC);
- (f) Contact telephone number(s) and e-mail (as applicable):
- Nationality-Resident/Non-Resident Status
- FATCA/CRS Declaration wherever required;
- Date of birth, place of birth;
- (i) (j) Incorporation or registration number (as applicable);
- Date of incorporation or registration of Legal Person/ Arrangement;
- Registered or business address (as necessary);
- Nature of business, geographies involved and expected type of counter-parties (as applicable); Type of account/financial transaction/financial service;
- (o) Profession / Source of Earnings/ Income: Salary, Business, investment income;
- Purpose and intended nature of business relationship;
- Expected monthly turnover (amount and No. of transactions); and (q)
- Normal or expected modes of transactions/ Delivery Channels.
- The photocopies of identity documents shall be validated through NADRA verisys or Biometric Verification. The regulated person shall retain copy of NADRA Verysis or Biometric Verification (hard or digitally) as a proof of obtaining identity from customer.
- In case of a salaried person, in addition to CNIC, a copy of his salary slip or service card or certificate or letter on letter head of the employer will be obtained. (iii)
- In case of expired CNIC, account may be opened on the basis of attested copies of NADRA receipt/token and expired CNIC subject to condition that regulated person shall obtain copy of (iv) renewed CNIC of such customer within 03 months of the opening of account.
- For CNICs which expire during the course of the customer's relationship, regulated person shall design/ update their systems which can generate alerts about the expiry of CNICs at least 01 (v) month before actual date of expiry and shall continue to take reasonable measures to immediately obtain copies of renewed CNICs, whenever expired. In this regard, regulated person are also permitted to utilize NADRA Verisys reports of renewed CNICs and retain copies in lieu of valid copy of CNICs. However, obtaining copy of renewed CNIC as per existing instructions
- The condition of obtaining Board Resolution is not necessary for foreign companies/entities belonging to countries where said requirements are not enforced under their laws/regulations. However, such foreign companies will have to furnish Power of Attorney from the competent authority for establishing Business Relationship to the satisfaction of the regulated person. (vii) The condition of obtaining photocopies of identity documents of directors of Limited Companies/Corporations is relaxed in case of Government/Semi Government entities, where regulated person should obtain photocopies of identity documents of only those directors and persons who are authorized to establish and maintain Business Relationship. However, regulated person shall validate identity information including CNIC numbers of other directors from certified copies of 'Form-A/Form-B' and verify their particulars through NADRA Verisys. The Verisys reports should be retained on record in lieu of photocopies of identity documents.
- Government entities accounts shall not be opened in the personal names of a government official. Any account which is to be operated by an officer of the Federal or Provincial or Local Government in his/her official capacity, shall be opened only on production of a special resolution or authority from the concerned administrative department or ministry duly endorsed by the Ministry of Finance or Finance Department/Division of the concerned Government.

Explanation:- For the purposes of this regulation the expression "Government entities" includes a legal person owned or controlled by a Provincial or Federal Government under Federal, Provincial

Explanation:- For the purpose of this Annexure I the expression "NADRA" means National Database and Registration Authority established under NADRA Act, (VIII of 2000).

