

# Enhanced Due Diligence Form

To be filled by the Corporate Customers (Death/Disability Claims)

## Life Assured Details

Name of the Employee \_\_\_\_\_ Claim No. \_\_\_\_\_

(S/D/W)/O \_\_\_\_\_ CNIC/NICOP No. 

						-										-	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	---	--

## Company's Detail

Name of the Organization \_\_\_\_\_ Registration No. \_\_\_\_\_

NTN No. \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Type of Business \_\_\_\_\_ Address \_\_\_\_\_

Name of dealing Person \_\_\_\_\_ CNIC/NICOP No. 

						-										-	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	---	--

## Questionnaire

1. 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 Yes, then please share the details.



2. 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.)*



3. 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).



4. Was the Life Assured/ employee associated or his immediate family member(s) affiliated with any political party, or work for the judiciary, armed forces, law Enforcement agencies or bureaucracy in any possible way?

5. Please explain, if the Life Assured/ employee was accused/convicted/arrested in any criminal activity?

**Yes****No**





















## Bank Details

1. Account Title \_\_\_\_\_ Account No. \_\_\_\_\_ Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

2. Account Title \_\_\_\_\_ Account No. \_\_\_\_\_ Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

## Declaration

I, declare that the foregoing answers are true and complete and I have not withheld any pertinent or other necessary information with respect to the above Claim. The Claim amount under this membership is owned by the Company on behalf of our employee and is not intended to be used for any unlawful activity.

**Name of Authorized Person****Signature****Company Stamp/Seal****CNIC**

						-										-	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	---	--

**Date**

D	D		M	M		Y	Y	Y	Y								