

Confirmation Form Group Health & Life Takaful

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

- ☐ **Group Health**
☐ **Group Life**

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

1. CLIENT DETAILS:

Name of Company:		Branch 1 Name:	
Branch 2 Name (if required)		Business Type	<input type="checkbox"/> New Business - Fresh
Branch 3 Name (if required)			<input type="checkbox"/> Roll Over
Branch 4 Name (if required)			<input type="checkbox"/> Renewal Business
Nature of Business:			
Mailing Address:			
Contact Person(s):		Contact Person's CNIC #:	<input type="text"/>
Designation:		CNIC Issue date:	<input type="text"/>
Phone:		NTN #:	
E-mail:		MOB Number:	

1- 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/ institution has an office or trade in porous borders/provinces ? **YES** _____ **NO** _____ (if yes please share Address)

2. SCHEME DETAILS:

Scheme Effective Date:	<input type="text"/>	Scheme Expiry Date:	<input type="text"/>	Mode of payment:		Max. Eligibility Age:	
Proposal No:		Proposal Date:	<input type="text"/>	Version:		Option:	
Unit Rates Upto Age:		<input type="checkbox"/> Contributory	<input type="checkbox"/> Non-Contributory	<input type="checkbox"/> Compulsory	<input type="checkbox"/> Non-Compulsory	Retirement Age:	
FOR HEALTH ONLY:							
Max Maternity Eligibility Age:		No of Lives:		Parents Coverage:			
Pool Amount (Rs.):		<input type="checkbox"/> Takaful Based	<input type="checkbox"/> ASO Based	<input type="checkbox"/> Refundable	<input type="checkbox"/> Non-Refundable		

3. ELIGIBILITY DETAILS:

Class/Category/Plan	Description / Eligibility Criteria (Mandatory)	Amount of Cover (Rs.)
A		
B		
C		
D		
E		

4. BACK DATED CLAIMS CONFIRMATION:

In case of back dated Confirmation. Please confirm Claim Status, if any : **YES** _____ **NO** _____

Provide the details: Claims # _____ Claims Amount (Rs.) _____

5. DECLARATION BY EMPLOYER/AUTHORIZED REPRESENTATIVE:

Name: _____

Designation: _____

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 PERSONNEL DETAILS: ("Default" / "Standard Commission" as per the approved grid and is applicable to Primary Agent (Internal) and Over Riding (Manager) only).

Agent Type	Name	CODE	Commission %	Production %
Primary Agent:				
External Agent				
Overriding-1 Agent:				
Overriding-2 Agent:				

8. APPROVAL STATUS

Marketing Executive	Supervisor	Zonal/Regional Manager	Head of TDT - Corporate
<hr/>	<hr/>	<hr/>	<hr/>
Name, Signature & Date	Name, Signature & Date	Name, Signature & Date	Name, Signature & Date

9. FOR OPERATION'S USE ONLY

Date of Receiving: _____ Received By: _____
Comments: _____

10. REQUIRED DOCUMENT'S CHECKLIST:

NOTE:
As per the regulations of "SECP (Anti Money Laundering and Countering Financing of Terrorism) Regulations, 2020", please submit following(s), against the respective type of Organization / Business:

1. AML-CFT related documents as per attached Annexure-I
2. Corporate AML Questionnaire Form



Customer Portal



24/7 Help Line



Elaaj App



Hospital Network



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Please select / tick one of the following as per your type of business / organization
Prerequisite Documents to be provided with policy confirmation

Annexure - I

☐ Individuals

A copy of any one of the following valid identity documents:

- (i) Computerized National Identity Card (CNIC)/Smart National Identity Card (SNIC) issued by NADRA.
- (ii) National Identity Card for Overseas Pakistani (NICOP/SNICOP) issued by NADRA.
- (iii) Form-B/Juvenile card/Child Registration Certificate (CRC) issued by NADRA to children under the age of 18 years.
- (iv) Pakistan Origin Card (POC) issued by NADRA.
- (v) Alien Registration Card (ARC) issued by National Aliens Registration Authority (NARA), Ministry of Interior (local currency account only).
- (vi) Proof of Registration (POR) Card issued by NADRA
- (vii) Passport; having valid visa on it or any other proof of legal stay along with passport (foreign national individuals only).

☐ Joint Account

- (i) A copy of any one of the documents mentioned at Serial No. I; and
- (ii) In the case of joint accounts, CDD measures on all of the joint account holders shall be performed as if each of them is individual customers of the RP.

☐ Sole proprietorship

- (i) A copy of identity document as per Sr. No. 1 above of the proprietor.
- (ii) Attested copy of registration certificate for registered concerns.
- (iii) Sales tax registration or NTN, wherever applicable
- (iv) Account opening requisition on business letter head.
- (v) Registered/ Business address.
- (vi) Certificate or proof of membership of trade bodies etc., (if any)

☐ Partnership

- (i) Copies of identity documents as per Sr. No. 1 above of all the partners and authorized signatories.
- (ii) Attested copy of 'Partnership Deed'
- (iii) Attested copy of Registration Certificate with Registrar of Firms. In case the partnership is unregistered, this fact shall be clearly mentioned on the Account Opening Form
- (iv) Authority letter from all partners, in original, authorizing the person(s) to operate firm's account.
- (v) Registered/ Business address.

☐ Limited Liability Partnership (LLP)

- (i) Copies of identity documents as per Sr. No. 1 above of all the partners and authorized signatories.
- (ii) Certified Copies of:
 - (a) 'Limited Liability Partnership Deed/Agreement.
 - (b) 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 case of already incorporated LLP.
- (iii) Authority letter signed by all partners, authorizing the person(s) to operate LLP account.

☐ Limited Companies/ Corporations

- (i) Certified copies of:
 - (a) Resolution of Board of Directors for opening of account specifying the person(s) authorized to open and operate the account;
 - (b) Memorandum and Articles of Association; (ii) Certified copy of Latest 'Form-A/Form-B'.
- (iii) Incorporate Form II in case of newly incorporated company and Form A / Form C whichever is applicable; and Form 29 in already incorporated companies
- (iv) Copies of identity documents as per Sr. No. 1 above of all the directors and persons authorized to open and operate the account;
- (v) Copies of identity documents as per Sr. No. 1 above of the beneficial owners. Branch Office or Liaison Office of Foreign Companies

☐ Branch Office or Liaison Office of Foreign Companies

- (i) A copy of permission letter from relevant authority i.e Board of Investment.
- (ii) Copies of valid passports of all the signatories of account.
- (iii) List of directors on company letter head or prescribed format under relevant laws/regulations.
- (iv) Certified copies of
- (v) Form II about particulars of directors, Principal Officer etc. in case of newly registered branch or liaison office of a foreign company.

- (vi) Form III about change in directors, principal officers etc. in already registered foreign companies branch or liaison office of a foreign company
- (vii) A Letter from Principal Office of the entity authorizing the person(s) to open and operate the account.
- (viii) Branch/Liaison office address.

☐ Trust, Clubs, Societies and Associations etc.

- (i) Certified copies of:
 - (a) Certificate of Registration/Instrument of Trust
 - (b) By-laws/Rules & Regulations
- (ii) Resolution of the Governing Body / Board of Trustees / Executive Committee, if it is ultimate governing body, for opening of account authorizing the person(s) to operate the account.
- (iii) Photocopy of identity document as per Sr. No. 1 above of the authorized person(s) and of the members of Governing Body / Board of Trustees / Executive Committee, if it is ultimate governing body.
- (iv) Registered address/ Business address where applicable.

☐ NGOs/NPOs/Charities

- (i) Certified copies of:
 - (a) Registration documents/certificate
 - (b) By-laws/Rules & Regulations
- (ii) Resolution of the Governing Body / Board of Trustees / Executive Committee, if it is ultimate governing body, for opening of account authorizing the person(s) to operate the account.
- (iv) Copy of identity document as per Sr. No. 1 above of the authorized person(s) and of the members of Governing Body/Board of Trustees /Executive Committee, if it is ultimate governing body.
- (v) 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 activities, sources and usage of funds in order to assess the risk profile of the prospective customer.
- (vi) Registered address/ Business address.

☐ Agents

- (i) Certified copy of 'Power of Attorney' or 'Agency Agreement'.
- (ii) Copy of identity document as per Sr. No. 1 above of the agent and principal.
- (iii) The relevant documents/papers from Sr. No. 2 to 7, if agent or the principal is not a natural person.
- (iv) Registered/ Business address.

☐ Executors and Administrators

- (i) Copy of identity document as per Sr. No. 1 above of the Executor/Administrator.
- (ii) A certified copy of Letter of Administration or Probate.
- (iii) Registered address/ Business address.

☐ Minor Accounts

- (i) Copy of Form-B, Birth Certificate or Student ID card (as appropriate).
- (ii) Copy of identity document as per Sr. No. 1 above of the guardian of the minor.

☐ Mentally Disordered Person Account

- (i) Copy of applicable valid identity documents of mentally disordered person and court appointed manager under the applicable laws related to mental health;
- (ii) Certified true copy of court order for appointment of manager for mentally disordered person;
- (iii) Verification of identity document through bio-metric verifications from NADRA for both persons i.e. mentally disordered person and the manager appointed by court;
- (iv) Verification of court order from the concerned court (to be obtained by Regulated Person);
- (v) Account would be opened in the name of mentally disordered person and the same will be operated by the court appointed manager;
- (vi) All CDD requirements/formalities should be conducted /completed for both persons; and
- (vii) In case of change of manager by the court, the CDD will be conducted for the new appointed manager by the Regulated Person afresh.

Please refer to backside for further details

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Note:

- (i) 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:
- (a) Full name as per identity document;
 - (b) Father/Spouse Name as per identity document;
 - (c) Mother Maiden Name;
 - (d) Identity document number along with date of issuance and expiry;
 - (e) Existing residential address (if different from CNIC);
 - (f) Contact telephone number(s) and e-mail (as applicable);
 - (g) Nationality-Resident/Non-Resident Status
 - (h) FATCA/CRS Declaration wherever required;
 - (i) Date of birth, place of birth;
 - (j) Incorporation or registration number (as applicable);
 - (k) Date of incorporation or registration of Legal Person/ Arrangement;
 - (l) Registered or business address (as necessary);
 - (m) Nature of business, geographies involved and expected type of counter-parties (as applicable);
 - (n) Type of account/financial transaction/financial service;
 - (o) Profession / Source of Earnings/ Income: Salary, Business, investment income;
 - (p) Purpose and intended nature of business relationship;
 - (q) Expected monthly turnover (amount and No. of transactions); and
 - (r) Normal or expected modes of transactions/ Delivery Channels.
- (ii) The photocopies of identity documents shall be validated through NADRA verisys or Biometric Verification. The regulated person shall retain copy of NADRA Verisys or Biometric Verification (hard or digitally) as a proof of obtaining identity from customer.
- (iii) 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.
- (iv) 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 renewed CNIC of such customer within 03 months of the opening of account.
- (v) 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 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 will continue to be permissible.
- (vi) 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.
- (viii) 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 or local law.

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

Complaints in Respect of Takaful Membership

تکافل ممبر شپ کے متعلق شکایات



PAK-QATAR
FAMILY TAKAFUL

If you have any complaint or grievance against the Takaful Company, agent, or bank representative in respect of your Takaful Membership, you may file your complaint directly with the Takaful Company at the following address:

اگر آپ کو اپنی تکافل ممبر شپ کے حوالے سے تکافل کمپنی، ایجنٹ یا بینک نمائندے سے کوئی شکایت ہو تو سب سے پہلے متعلقہ تکافل کمپنی کو براہ راست اپنی شکایت درج ذیل پتہ پر بھیجیں

Pak-Qatar Family Takaful Limited

Mr. Kashif Rasheed
Incharge Complaint Cell
102-105, Business Arcade, Plot # 27-A, Block 6, P.E.C.H.S., Sharea Faisal, Karachi. 75400. **Phone:** 021-38798550
Email: kashif.rasheed@pakqatar.com.pk, complaints@pakqatar.com.pk

However, in case if the insurance company fails to address your grievance, you may file your complaint with other external independent forums at the following addresses:

Federal Insurance Ombudsman

2nd Floor, Pakistan Red Crescent Society, Annexe Building, Plot # 197/5, Dr. Doud Pota Road, Karachi.
Phone: 021-99207761-62 | **Website:** www.fio.gov.pk/

Note: Policyholders from any part of Pakistan, AJK/Gilgit Baltistan may approach FIO

Official Coordinator, Small Disputes Resolution Committee – Karachi

Specialized Companies Division, 5th Floor, State Life Building No. 2, Wallace Road, Off. I. I. Chundrigar Road, Karachi.
Direct No.: 021-99002021 | **UAN:** 021-111-117-327
Email: sdrc.khi@secp.gov.pk

Note: Policyholders belonging to provinces of Sindh and Balochistan may approach this Committee.

Official Coordinator, Small Disputes Resolution Committee – Lahore

Company Registration Office – Lahore, Associate House, 3rd & 4th Floor, 7-Egerton Road, Lahore. **Direct No.:** 042-99014050
UAN: 042-111-117-327 | **Email:** sdrc.lhr@secp.gov.pk

Note: Policyholders from all districts of Punjab except Bhakkar, Khushab, Mianwali, Jhelum, Chakwal, Rawalpindi and Attock may approach this Committee.

Official Coordinator, Small Disputes Resolution Committee – Islamabad

Insurance Division, 3rd Floor, INC Building, 63-Jinnah Avenue, Blue Area, Islamabad. **Direct No.:** 051-9195391 | **UAN:** 051-111-117-327
Email: sdrc.isb@secp.gov.pk

Note: Policyholders belonging to Islamabad Capital Territory, Khyber Pakhtunkhwa, Gilgit Baltistan, Azad Jammu & Kashmir and the western side of Punjab (i.e. Bhakkar, Khushab, Mianwali, Jhelum, Chakwal, Rawalpindi and Attock districts) may approach this Committee. Complaint against Takaful Company may also be filed with Securities and Exchange Commission of Pakistan (insurance regulator in Pakistan) at the following address:

Securities and Exchange Commission of Pakistan (SECP)

NIC Building, 63-Jinnah Avenue, Blue Area, Islamabad - 4400, Pakistan.
Phone: Toll free 080088008 | **Email:** complaints@secp.gov.pk
Website: https://sdms.secp.gov.pk/ (for online filing of complaints)

Note: Policyholders from any part of Pakistan, AJK/Gilgit Baltistan may approach SECP.

Insurance Tribunal

SR#	COMPLAINT PROVINCE	JURISDICTION
1	Sindh	District & Session Judge Karachi (Central)
2	KPK	District & Session Judge Peshawar
3	Punjab	District & Session Judge (All Districts)

پاک قطر فیملی تکافل لمیٹڈ

جناب کاشف رشید صاحب
انچارج مرکز شکایت

لیگل اینڈ کمپلائنس ڈیپارٹمنٹ 102-105 بزنس آرکیڈ، پلاٹ نمبر 27-A، بلاک 6، P.E.C.H.S، شہرہ فیسال کراچی 75400۔ **فون:** 021-38798550
ای میل: kashif.rasheed@pakqatar.com.pk, complaints@pakqatar.com.pk

اگر انشورنس کمپنی آپ کی شکایت کا ازالہ کرنے میں ناکام رہے یا آپ کمپنی کے جواب سے مطمئن نہ ہوں تو آپ مندرجہ ذیل ایسٹرنل انڈیپنڈنٹ فورم کے ساتھ اپنی شکایت کا اندراج کروا سکتے ہیں

وفاقی انشورنس محتسب

سیکنڈ فلور، ریڈ کریسنٹ سوسائٹی
انکسی بلڈنگ، پلاٹ نمبر 197/5 ڈاکٹر دود پوتا روڈ، کراچی۔
فون: 021-9920771-62 ویب سائٹ: www.fio.gov.pk/

نوٹ: پاکستان کے کسی بھی علاقے سے تعلق رکھنے والے پالیسی ہولڈرز، آزاد جموں کشمیر/گلگت بلتستان وفاقی انشورنس محتسب (ایف آئی او) سے رجوع کر سکتے ہیں۔

دفتری رابطہ کار۔ سال ڈسپیوٹس ریزولوشن کمیٹی، کراچی

اسپیشلائزڈ کمپنیز ڈویژن 5th فلور، اسٹیٹ لائف بلڈنگ نمبر 02، ولاس روڈ، آئی آئی چندریگر روڈ، کراچی۔
ڈائریکٹ نمبر: 021-99002021 | یو اے این: 021-111-117-327
ای میل: sdrc.khi@secp.gov.pk

نوٹ: صوبہ سندھ اور بلوچستان سے تعلق رکھنے والے پالیسی ہولڈرز کراچی میں قائم کمیٹی سے رجوع کریں۔

دفتری رابطہ کار۔ سال ڈسپیوٹس ریزولوشن کمیٹی، لاہور

کمپنی رجسٹریشن آفس، لاہور، ایسوسی ایٹ ہاؤس، 3rd و 4th فلور 7 ایگرتون روڈ، لاہور۔
ڈائریکٹ نمبر: 042-99014050 | یو اے این: 042-111-117-327
ای میل: sdrc.lhr@secp.gov.pk

نوٹ: بکھر، خوشاب، میانوالی، جہلم، چکوال، راولپنڈی اور انک کے سوا پنجاب کے تمام اضلاع کے پالیسی ہولڈرز لاہور میں قائم کمیٹی سے رجوع کر سکتے ہیں۔

دفتری رابطہ کار۔ سال ڈسپیوٹس ریزولوشن کمیٹی، اسلام آباد

سیکیورٹیز اینڈ ایکسچینج کمیشن آف پاکستان 3rd فلور، این آئی سی بلڈنگ 63 جناح ایونیو، بیو ایریا، اسلام آباد۔
ڈائریکٹ نمبر: 051-9195391 | یو اے این: 051-111-117-327
ای میل: sdrc.isb@secp.gov.pk

نوٹ: اسلام آباد کیپیٹل ٹیریٹری، خیبر پختونخوا، گلگت بلتستان، آزاد جموں کشمیر، اور صوبہ پنجاب کے مغربی حصے (یعنی بکھر، خوشاب، میانوالی، جہلم، چکوال، راولپنڈی اور انک اضلاع) سے تعلق رکھنے والے پالیسی ہولڈرز اسلام آباد میں قائم کمیٹی سے رجوع کر سکتے ہیں۔
انشورنس کمپنی کے خلاف شکایت سیکیورٹیز اینڈ ایکسچینج کمیشن آف پاکستان (جو کہ پاکستان میں انشورنس رگولیٹر کا ریگولیٹر ہے) کے پاس بھی درج ذیل ایڈریس پر دائر کی جاسکتی ہے۔

سیکیورٹیز اینڈ ایکسچینج کمیشن آف پاکستان

این آئی سی بلڈنگ 63 جناح ایونیو، بیو ایریا، اسلام آباد - 4400، پاکستان۔
فون: ٹول فری 080088008 | ای میل: complaints@secp.gov.pk
ویب سائٹ: https://sdms.secp.gov.pk/ (شکایت کی آن لائن فائلنگ کے لیے)

نوٹ: پاکستان کے کسی بھی علاقے سے تعلق رکھنے والے پالیسی ہولڈرز، آزاد جموں کشمیر/گلگت بلتستان ایس ای سی پی سے رجوع کر سکتے ہیں۔

انشورنس ٹریبونل

نمبر شمار	شکایت کا صوبہ	دائرہ کار
۱	سندھ	ڈسٹرکٹ اینڈ سیشن جج کراچی (مرکزی)
۲	خیبر پختونخوا	ڈسٹرکٹ اینڈ سیشن جج پشاور
۳	پنجاب	ڈسٹرکٹ اینڈ سیشن جج (تمام اضلاع)