



Pak- Qatar Family Takaful Limited

Head Office: Suite No. 102-105, Business Arcade, P.E.C.H.S., Block - 6,
Main Sharea Faisal, Karachi, Pakistan

Tel No. (92- 21) 4380357- 61. Fax No.: (92- 21) 4386451



Enrollment Form

- ✎ To be completed by the **eligible Employee** only
- ✎ **Short Form Health Declaration** will be required from each employee and his/her proposed dependent(s).
- ✎ Group Health Takaful Coverage for each proposed Individual Covered shall only be effective on written notification from Pak-Qatar Family Takaful Limited after receipt of this form and Short Form Health Declaration.

Title of Participant (Company Name):	
Employee No (as per Company Record):	Employee Category/Plan:
Date of Joining the Company: <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Confirmation: <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Employee:		
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
CNIC Number: <input type="text"/>	Designation:	
Exact Daily Duties (e.g. Desk job, out- door visits, handling machines etc):		
Residence Address:		
✎ Residence:	✎ Office:	✎ Mobile:

Name of Spouse:		
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Sex:	CNIC Number: <input type="text"/>
Occupation:	Designation:	
Title of Organization:		
Exact Daily Duties:		
✎ Residence:	✎ Office:	✎ Mobile:

Name of Children	Sex	Date of Birth	CNIC NO	Occupation
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Full time student <input type="checkbox"/> Working
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Full time student <input type="checkbox"/> Working
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Full time student <input type="checkbox"/> Working
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Full time student <input type="checkbox"/> Working
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Full time student <input type="checkbox"/> Working
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Full time student <input type="checkbox"/> Working

Date of Statement:

Employee's Signature

Employer's Signature