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Know your Customer (KYC) Form (Individuals)

Date: ____-____-_____

Section 1:

Name: Mr/Mrs/Ms: _____

Father's/ Husband's Name: _____ Mother's Maiden Name: _____

CNIC/Passport No. *(in case of Minor, provide B-Form number or juvenile card): _____ Date of Birth: _____

CNIC Issue Date: _____ CNIC Expiry Date: _____ Place of Birth: _____ Religion: _____

Marital Status: ☐ Married ☐ Single Nationality: _____ Resident: ☐ Yes ☐ No

Mailing Address: _____ Province: _____

Mobile no. _____ Phone No. _____ Email Address: _____

In case of Minor Account:

Name of Guardian: _____

Relation with minor: _____ Guardian CNIC: _____ CNIC Issue Date: _____

Mobile no. _____ Phone No. _____ CNIC Expiry Date: _____

Section 2: Know Your Customer (KYC):

Source of Income: ☐ Salary ☐ Business ☐ Inheritance ☐ Savings/ Investments ☐ Other, please specify: _____

Occupation: ☐ Private Service ☐ Govt. Service ☐ Homemaker ☐ Student ☐ Retired ☐ Self-Employment

☐ Real Estate Dealer ☐ Lawyer/ Legal Advisor ☐ Accountant/ Tax advisor ☐ Other, Please specify: _____

Nature of Business (Sole Proprietor): _____ In case of Homemaker/ Student, please specify dependency on: _____

Type of Counter Parties (Sole Proprietor): _____

Section 3: Miscellaneous KYC:

a)	1) Are you a resident/ national of any country other than Pakistan? (If "Yes", please fill point #2 below):	☐ Yes	☐ No
	2) Do you belong to a country that is not part of FATF (Financial Action Task Force*):	☐ Yes	☐ No
b)	Do you have any business relationship or transactions in/ from offshore Tax Haven countries?	☐ Yes	☐ No
c)	Has any Financial Institution ever refused to open your account?	☐ Yes	☐ No
d)	Do you deal in high value items i.e. Gold, Silver, Diamonds, Metals, and Gems etc.?	☐ Yes	☐ No
e)	Are you a resident or inhabitant of Southern Punjab or Afghan Border?	☐ Yes	☐ No
f)	Is your total investment in JS Investments more than Rs. 25 million?	☐ Yes	☐ No
g)	Do you hold a high profile position i.e. Sports or Media Personality?	☐ Yes	☐ No
h)	Are you acting on behalf of any other person? (If "yes", please provide "Declaration for Ultimate Beneficial Ownership").	☐ Yes	☐ No
i)	Are you a domestic or foreign "Politically Exposed Person" (PEP)?	☐ Foreign ☐ Domestic	☐ Neither
j)	Are you a family member or close associate of a domestic or foreign "Politically Exposed Person" (PEP)?	☐ Foreign ☐ Domestic	☐ Neither

*FATF members: Argentina | Australia | Austria | Belgium | Brazil | Canada | China | Denmark | Finland | France | Germany | Greece | Hong Kong (China) | Iceland | India | Ireland | Italy | Japan | Korea |Luxembourg | Malaysia | Mexico | Netherlands | New Zealand | Norway | Portugal | Russian Federation | Singapore | South Africa | Spain | Sweden | Switzerland | Turkey | United Kingdom | United States

Section 4: Declaration:

I/We hereby acknowledge that the information provided on this form is correct to the best of my/ our knowledge and I/ we shall immediately update JS Investments Limited (JSIL) if there is any change in the information provided, including change in my/ our source of wealth/ income. I/We hereby authorize JSIL to verify any or all information related to KYC, CNIC verification using NADRA Verisys, IBAN and Mobile Number verification as provided herein above in this form.

_____

Joint / Authorized Signature

For Official Use

Channel Partner: _____ Region / City: _____ Branch Name / Code: _____

Relationship Manager: _____ Account Number (If Any): _____

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Risk Profiling Questionnaire (RPQ)

For Individual Clients

Name of applicant:_____ **Date:** _____

Q. 01 Please select your age range?

A. ☐ Over 60 years or below 18 years
B. ☐ Between 50 and 60 years
C. ☐ Between 30 and 50 year
D. ☐ Between 18 and 30 year

Q. 02 How do you consider your capital market experience and knowledge, as an investor?

A. ☐ Basic
B. ☐ Average
C. ☐ Above Average/ Good
D. ☐ Very Good

Q. 03 What are you looking for in terms of your investment objective?

A. ☐ Capital preservation and regular income with very low risk investments avenues
B. ☐ Capital preservation and regular income with low risk investment avenues
C. ☐ Capital growth and regular income with medium risk investment avenues
D. ☐ Capital appreciation and returns with high risk investment avenues

Q. 04 Please select your average monthly income?

A. ☐ Less than PKR 100,000
B. ☐ Between PKR 100,000 and PKR 500,000
C. ☐ Between PKR 500,000 and 1000,000
D. ☐ More than PKR 1000,000

Q. 05 What levels of fluctuation in your investment would you generally accept?

A. ☐ Less than PKR 5%
B. ☐ Between 5% to 10%
C. ☐ Between 10% to 20%
D. ☐ More than 20%

How to Score your Risk Profile

- Each option has points associated with it. Score the answers in ascending order (A = 1, B = 2, C = 3, and D = 4).
- Please select one option under each question given
- Calculate all the scores given to each question in below table;

Question No.	Your Points
01	
02	
03	
04	
05	
Total Score	0

The level of risk mentioned below is driven after ascertaining general risk factors applicable to the Mutual Funds industry;

Total Score	Risk Level	General Description
1 - 6	Low	Principle at Low risk
7 - 13	Medium	Principle at Medium risk
14 - 20	High	Principle at High risk

Declaration:

This RPQ has been filled to the best of my knowledge and I agree that this questionnaire only provides some indication of my risk profile, which may or may not exactly reflect my ability to take risk and/ or risk tolerance level. Moreover, JSIL has provided all the necessary advice about the Fund(s), under its management. I agree that any misleading or inaccurate information provided herein may give wrong outcome of the recommendation made. Further, JSIL will not be held liable for any financial consequences.

I hereby declare that -please tick (☑) the box;

☐ I wish to proceed with the recommended Fund as per the Risk Profiling Questionnaire
☐ I have decided to purchase other Fund(s) that is not recommended as per Risk Profile Questionnaire and I understand the risk associated with the Fund(s) of my choice

1. _____ 2. _____ 3. _____

_____
Applicant's Signature

Disclaimer: All investments in mutual funds are subject to market risks. Past performance is not necessarily indicative of future results. Please read the Offering Documents to understand the investment policies and the risks involved.

Foreign Account Tax Compliance Act (FATCA) Checklist

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For Institutions, Individual & Joint Account Holders (Please write clearly using BLOCK LETTERS)

*If any of the below is selected as "YES" then kindly provide country specific supporting documents with details

S#	Particulars	Principal Applicant
1	Full Name First	
	Middle	
	Last	
2	Country of Residence:	
3	Country of Birth:	
4	CNIC/ POC/ NICOP:	
5	Country of Incorporation (For entities)	
6	Are you a U.S. Resident?	☐ Yes ☐ No
7	Are you a U.S. Citizen?	☐ Yes ☐ No
8	Do you hold a U.S. Permanent Resident Card (Green Card)?	☐ Yes ☐ No
9	Are you a Resident/ Citizen of any other country? (Please specify)	☐ Yes ☐ No
10	Are you Dual National (Please specify what nationality do you hold)	☐ Yes ☐ No
11	Are you a Resident of any country other than Pakistan? (Please specify)	☐ Yes ☐ No
12	Do you have any tax obligation in a country other than Pakistan? (Note: If "YES" then please specify the list of countries along with its respective tax number, social security number, or local equivalent.)	☐ Yes ☐ No
13	Are you a U.S. Owned Entity/ any other country? (Please specify)	☐ Yes ☐ No
14	Have you a given Power of Attorney to any Person residing overseas? Please provide Attorney's Address:	☐ Yes ☐ No
15	W8BEN/ W9 Forms/ W8BENE Submitted with date of submission.	☐ Yes ☐ No

I/We hereby confirm the information provided above is true, accurate and complete.

I/We hereby provide my/our consent to JS Investments Limited (JSIL) or any of its affiliates to disclose and furnish and share information pertaining to my/ our account to domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.

I/ We also authorize JSIL to deduct withholding tax from my/ our account when required to do so by domestic or overseas regulators or tax authorities or pay out, from my/our account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

I/We shall indemnify and hold JSIL harmless against any claim, damages, costs, expenses and other direct and/or indirect consequence of disclosing, furnishing and sharing any information with any domestic or overseas regulators or tax authorities.

I/We agree and undertake to notify the JSIL within thirty (30) calendar days if there is a change in any information which we have provided above.

_____

Principal /Authorized Signature

Declaration / Undertaking on "Source of Income" & "Source of Funds"

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Date: ____-____-_____

Name:_____ Father's / Husband's name:_____

CNIC No. _____ JSIL A/C #_____

Further to my request for opening of account with **JS Investments Limited ("JS Investments")**, I do hereby declare the following:

A. Source of Income *(where "Income" means money received on regular basis in exchange providing goods or services or investing capital)*

My monthly income is: PKR _____ and,

Please check mark one or more options that apply to you, and attach relevant documentary proofs:

- ☐ I am a **Self-employed individual**. <Attach Business ownership / Proprietorship / Partnership document | Professional membership card OR Any other equivalent document>
- ☐ I am a **Salaried individual**. <Attach proof of Employment e.g. Job card | Employment Letter>
- ☐ I earn regular **Investment Income.** <Attach Proof of Investment Income>
- ☐ I am a **Company owner** of a "Limited Company". <Attach Form A or Form B, and Form 29>
- ☐ I have **No Source of Income**. <For **Retired person** OR **Un-employed OR Housewife/Homemaker** etc>
- ☐ I am a **Minor**. <Attach Guardian's Source of Income>

B. Source of Funds *(where "Funds" refers to the amount(s) you invest in schemes managed by JS Investments)*
(Only Required if investment amount is more than Rs. 2 million)

Please check mark one or more options that apply to you, and attach relevant documentary proofs:

- ☐ My investment is funded by **my current Income**. <Attach documentary proof of income, for example: "Pay-slip" OR "Profit statement of Partnership / Business / Company" OR "Proof of Investment Income" OR Equivalent document>

  Note: (If Investment amount is more than 4 times your annual income declared in Section A above, you must declare additional "Source of Funds" from the options in Section B)
- ☐ My investment is funded by my **Savings** from past income. <Attach documentary proof of Savings, for example "Wealth statement" OR "Past Employment Experience Certificate & Pay-slip" OR "Past Business ownership document & Profit statement of business" OR Other Equivalent document>
- ☐ My investment is funded by my **Father / Husband / Son** Or _____. <Attach CNIC, KYC Form, and Declaration / Undertaking of Source of Income / Funds for the person funding your investment.>
- ☐ My investment is funded by **"Sale of Asset"** Or **"Inheritance"** Or _____. <Attach proof of funding e.g. "Property sale document" OR "Succession & Inheritance document" OR Other Equivalent document>

I undertake that in case of changes in information above, I shall immediately declare the same to **JS Investments.**

I also hereby undertake responsibility of the truthfulness, accuracy and completeness of facts/ information stated herein and agree to hold **JS Investments** and its officers, severally and jointly, indemnified and harmless from and against any adverse consequences including all loss(es), damage(s), cost(s) and expense(s) (including legal form) that may result on account of any defect in the truthfulness, accuracy and completeness of facts and information stated herein.

Sincerely yours,

_____

Authorized Signature

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COMMON REPORTING STANDARD (CRS) FORM FOR INDIVIDUAL CLIENTS

Part 1 – Identification of Individual Account Holder

Name as per CNIC (Mr/ Mrs/ Ms): _____
Father/ Husband Name: _____ CNIC Number: _____
Date of Birth: _____ City of Birth: _____ Country of Birth: _____
Current Address: _____
Mailing Address: _____

Part 2 – Country of Residence for Tax Purposes and related Taxpayer Identification Number ("TIN")

Please indicate countries where Account Holder is tax resident and TIN for each country or equivalent number. If a TIN is unavailable please provide the appropriate reason A, B or C as explained below:
Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents;
Reason B - The Account Holder is unable to obtain a TIN or equivalent number (Please explain reason of not obtaining TIN);
Reason C - No TIN is required for that country/ jurisdiction.

	Country of tax residence	TIN	If no TIN available enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

Part 3 – Declarations and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with JSIL setting out how JSIL may use and share the information supplied by me.
I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.
I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
I undertake to advise JSIL within 30 days of any change in circumstances which affects the tax residency status of the individual identified above or causes the information contained herein to become incorrect or incomplete, and to provide JSIL with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

_____ _____
Signature Date

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

_____ _____
Print Name Capacity

Consumer Health Declaration Form

صحت کا اقرار نامہ

HEMAYAH
EFU FAMILY TAKAFUL

1. Name of Investor / Participant بیمہ دار کا نام _____

2. Father's / Husband's Name والد/شوہر کا نام _____

3. Date of Birth تاریخ پیدائش _____ 4. Gender: جنس Male مرد [ ] Female خاتون [ ]

5. CNIC No. کمپیوٹرائزڈ شناختی کارڈ نمبر _____ 6. CNIC Issuance date تاریخ اجراء _____

6. Residential Address رہائشی پتہ _____

7. Mobile Number موبائل نمبر _____ 8. Email Address: ای میل _____

9. Level of education تعلیم _____

10. Present Occupation موجودہ پیشہ (i) Government Employment سرکاری ملازمت ☐ (ii) Private Employment نجی ملازمت ☐ (iii) Self Employment ذاتی کام ☐

(iv) Agriculturist کاشتکار ☐ (v) Landlord مالک اراضی ☐ (v) Retired ریٹائرڈ ☐ (vii) Housewife گھریلو خاتون ☐ (viii) Student طالب علم ☐

(ix) Unemployed بے روزگار ☐ (ix) Others کوئی اور _____

11. Employer's/Business Name آجر/کاروبار کا نام _____

12. Employer's/Business Address آجر/کاروبار کا پتہ _____

13. Employer's E-mail Address ای میل _____ 14. Employer's Phone No. ٹیلیفون نمبر _____

15. Designation / Job Title عہدہ _____ 16. Exact Nature of Daily Duties کام کی نوعیت _____

17. Annual Income (Approx.) سالانہ آمدنی (تقریباً) _____ 18. Account Opening Date اکاؤنٹ کھلنے کی تاریخ _____

19. Account No اکاؤنٹ نمبر _____ 20. Branch برانچ _____ 21. Customer ID کسٹمر آئی ڈی _____

22. Investment: Amount مجموعی سرمائے کی رقم _____; Term سرمائے کی مدت _____; Mode سرمایہ کاری کا طریقہ کار _____

23. Beneficiary: Name بینفشری کا نام _____; Relationship رشتہ _____

Date of Birth تاریخ پیدائش _____; CNIC/B-Form No. کمپیوٹرائزڈ شناختی کارڈ نمبر / 'ب' فارم _____

Guardian: Name سرپرست کا نام _____; CNIC No. کمپیوٹرائزڈ شناختی کارڈ نمبر _____
(In case of minor) نابالغ ہونے کی صورت میں

24. Beneficiary account number بینفشری کا اکاؤنٹ نمبر _____

25. Current Weight موجودہ وزن _____ Kg/Lbs کلوگرام/پاؤنڈ and اور Height قد _____ ft-In /M فٹ۔انچ/میٹر

26. Are you to the best of your knowledge in good health now i.e. free from any Mental or Physical Impairment or Deformity? کیا آپ صحت مند ہیں اور آپ ہر قسم کی ذہنی اور جسمانی بیماری یا معذوری سے مبرّا ہیں؟ Yes ہاں ☐ No نہیں ☐

27. Do you presently suffer or have you in the past suffered from? کیا آپ ماضی میں یا اب مندرجہ ذیل بیماریوں میں سے کسی بیماری میں مبتلا رہے ہیں:

(a) Diabetes Mellitus (Raised Blood Sugar, Sugar in Urine)? ذیابطیس (خون میں اضافی شکر یا پیشاب میں شکر)؟ Yes ہاں ☐ No نہیں ☐

(b) Hypertension (Raised Blood Pressure)? ہائی بلڈ پریشر؟ Yes ہاں ☐ No نہیں ☐

(c) Heart Disease (e.g. Heart Attack, Angina, Chest Pain, Coronary Artery Disease, Shortness of Breath etc.)? دل کی بیماری (مثلاً دل کا دورہ، انجائنا، سینے میں درد، دل کی شریانوں کی بیماری، سانس لینے میں تکلیف وغیرہ)؟ Yes ہاں ☐ No نہیں ☐

(d) Liver Disease (e.g. Jaundice, Hepatitis A/B/C etc.)? جگر کی بیماری (مثلاً یرقان، ہیپاٹائٹس اے، بی، سی وغیرہ)؟ Yes ہاں ☐ No نہیں ☐

(e) Respiratory Disease (e.g. Tuberculosis, Chronic Cough, Asthma etc.)? نظامِ تنفس کی بیماری (مثلاً تپ دق، دائمی کھانسی، دمہ وغیرہ)؟ Yes ہاں ☐ No نہیں ☐

(f) Kidney Disease (e.g. Stones, Kidney Failure etc.) or any Disease of the Genito-Urinary System? گردوں کی بیماری (مثلاً گردوں میں پتھری، گردے کا فیل ہونا وغیرہ) یا نظام اخراج یا تولید کی کوئی بیماری؟ Yes ہاں ☐ No نہیں ☐

(g) Digestive System Disease (e.g. Gall Stones, Chronic or Recurrent Diarrhea, Ulcers etc.)? نظامِ ہضم کی بیماری (مثلاً پتے کی پتھری، شدید قسم کا/مسلسل ڈائیریا، السر وغیرہ)؟ Yes ہاں ☐ No نہیں ☐

(h) Any form of Tumor, Growth, Cancer or Blood Disease? Yes ☐ ہاں No ☐ نہیں
کسی قسم کی رسولی یا کینسر یا خون کی بیماری؟

(i) Stroke or Any Disease of the Nervous System or any Mental Disorder (e.g. Depression, (Fits, Epilepsy, Anxiety, Fainting Attacks, Headaches etc.)? Yes ☐ ہاں No ☐ نہیں
فالج یا کوئی اعصابی یا نفسیاتی بیماری (مثلاً ذہنی دباؤ، دورہ پڑنا، مرگی، گھبراہٹ، بیہوشی کے دورے، سر درد وغیرہ)؟

(j) Diseases of Eyes, Ears, Nose, Throat, Spleen, Glands, or Skin? Yes ☐ ہاں No ☐ نہیں
کسی قسم کی آنکھ، کان، ناک، حلق، تلی، غدود یا جلد کی بیماری؟

(k) Any other Disease or Illness not mentioned above _____
مندرجہ بالا کے علاوہ کوئی اور بیماری؟

28. Do you currently have or recently had any of the COVID-19 related symptoms (such as fever, sore throat, dry cough, shortness of breath etc.) or have you been tested for COVID-19? Yes ☐ ہاں No ☐ نہیں
کیا آپ میں ابھی / حال ہی میں کووڈ 19 سے متعلق علامات موجود ہیں / تھیں (جیسے کہ بخار، حلق میں تکلیف ، خشک کھانسی ، سانس لینے میں تکلیف ،وغیرہ) یا آپ کا کووڈ 19 کیلئے کوئی ٹیسٹ ہوا ہے؟

29. Have you ever been admitted in a Hospital for any reason or undergone any diagnostic test/ procedure (e.g. Urine/Blood test, Angiography, CT Scan, MRI, Ultrasound, X-Ray etc.) or any operation? Yes ☐ ہاں No ☐ نہیں
کیا آپ کو کبھی کسی ہسپتال میں داخلے کی ضرورت پیش آئی ہے یا آپ نے کسی قسم کا تشخیصی ٹیسٹ / عمل (مثلاً پیشاب / خون کا ٹیسٹ، انجیوگرافی، سی ٹی سکین، ایم آر آئی، الٹراساؤنڈ، ایکس رے وغیرہ) یا کوئی جراحی عمل کروایا ہے؟

30. Do you presently take or have you ever in the past taken any medication on a regular basis? Yes ☐ ہاں No ☐ نہیں
کیا آپ اس وقت کوئی دوا استعمال کر رہے ہیں یا ماضی میں کوئی دوا باقاعدگی سے استعمال کی ہے؟

For Females only: صرف خواتین کے لئے:

31. (a) Are you now pregnant? کیا آپ اس وقت حاملہ ہیں؟ Yes ☐ ہاں No ☐ نہیں

(b) If yes, which month of pregnancy are you in? _____
اگر "ہاں" تو حمل کا کون سے مہینہ ہے؟

32. Do you presently have, or have you ever had any Gynecological or Obstetric Problem? Yes ☐ ہاں No ☐ نہیں
کیا آپ ماضی میں یا اس وقت کسی زنانہ بیماری یا حمل و تولیدی نظام کی بیماری میں مبتلا ہیں یا رہے ہیں؟

33. Name and address of the Physician you generally consult for any illness: بیماری کے دوران آپ عموماً جس ڈاکٹر سے مشورہ کرتے ہیں، اس کا نام اور پتہ تحریر کریں:

DECLARATION

I hereby declare that the statements in this form are true and complete and I hereby give my consent to EFU Life Assurance Ltd. to seek information from any doctor, hospital, laboratory (who has ever attended me), my employer, any other organization or person that has any record information or knowledge of my health/treatment and from any Life Assurance/Takaful office to which a proposal on my life has at any time been made, and the giving of such information is hereby authorized. I confirm that I have checked and found correct all answers and statements in this form, even those that are not in my own handwriting. I further agree that this form and the declaration and the statements made above or to the medical examiner acting for EFU Life Assurance Ltd. shall be the basis of the proposed coverage by EFU Life Assurance Ltd. , and that if anything contrary to the truth shall be stated or if any information which ought to be made to EFU Life Assurance Ltd. with reference to the proposed coverage be withheld or concealed, any coverage which may be issued in pursuance of this form shall be null and void.

اقرار نامہ

میں اقرار کرتا کرتی ہوں کہ اس بیان میں دیئے گئے جوابات اور کوائف ہر طرح سے مکمل اور حقائق پر مبنی ہیں۔ ای۔ایف۔یو لائف اشورنس لمیٹڈ اس بات کی مجاز ہوگی کہ وہ ہر اس معالج، ہسپتال، لیبارٹری، آجر یا کوئی بھی دیگر ادارہ یا فرد جس سے میں نے مشورہ یا علاج کروایا ہو اور ہر اس ادارے جس سے بیمہ زندگی / تکافل کیلئے رجوع کیا ہو میری صحت اور ذاتی کوائف کے بارے میں معلومات کرے گی۔ میں تصدیق کرتا / کرتی ہوں کہ میں نے اس فارم میں دیئے گئے تمام جوابات اور بیانات کی جانچ کی ہے اور انہیں درست پایا ہے، مع ان کے جو میری لکھائی میں تحریر نہیں ہیں۔ مزید اقرار کیا جاتا ہے کہ ای۔ایف۔یو لائف اشورنس لمیٹڈ جاری ہونے والا بیمہ کی بنیاد قرار دیئے گئے بیان میں دیئے گئے کوائف یا اس سلسلے میں ہونے والے ڈاکٹری معائنے کے دوران دیئے جانے والے جوابات اور تفصیلات کی مکمل صحت پر ہوگی اور اگر یہ تفصیلات اور جوابات سچائی پر مبنی نہ ہو یا تفصیلات کی جان بوجھ کے پردہ پوشی کی گئی ہو یا ان کی تکمیل سے گریز کیا گیا ہو تو یہ بیمہ روزِ اوّل سے منسوخ تصور کیا جائے گا۔

Signature: _____ دستخط

Date: _____ تاریخ

IMPORTANT NOTICE: Any mis-statement or omission of a material fact could affect the payment of the benefits under the policy. If you are uncertain whether a fact is material or not, please include it on the declaration.

اہم ہدایت: کسی قسم کی غلط بیانی یا حقائق کی پردہ پوشی پالیسی کی ادائیگی پر اثر انداز ہو سکتی ہے لہٰذا اگر آپ کو شبہ ہے کہ حقائق ٹھوس ہیں یا نہیں اس اقرار نامہ میں ضرور تحریر کریں۔

EFU Life Assurance Ltd.

COVID-19 Questionnaire Form

RE: PROPOSAL NO. _____

This statement should be completed by the life assured.

Full name: **Date of birth:**

Please answer each question and where appropriate provide particulars.

1. Do you currently have or have you had any of the following symptoms in the past 14 days?

- Fever — Yes ☐ No ☐
- Sore throat — Yes ☐ No ☐
- Dry cough — Yes ☐ No ☐
- Generalized body ache — Yes ☐ No ☐
- Headache — Yes ☐ No ☐
- Shortness of breath — Yes ☐ No ☐
- Loss of sense of taste or smell — Yes ☐ No ☐

If the answer to any of the above is yes, please provide further details i.e. since when do you have the symptoms, duration of symptoms, any treatment taken yet, lab test results (if any), name and address of treating doctor/clinic/hospital.

_____

_____

2. Have you been tested for Covid-19? Yes ☐ No ☐

If Yes: Date of the test: ……

Result of the test: ☐ Covid-19 positive

☐ Covid-19 negative

In case of a positive test, have you made a complete recovery with no sequelae? Yes ☐ No ☐

3. Within the past 14 days have you had any contact with someone confirmed as infected with the virus (COVID -19) ? Yes ☐ No ☐

4. Have you been issued any notice or directive by any health/state authority to self-quarantine or stay home ? Yes ☐ No ☐

5. Are you currently residing outside your usual country of residence or have you returned to your usual country of residence within the last 4 weeks? Yes ☐ No ☐

If yes, please provide information: Country / City / Departure Date / Arrived Date / Planned return date.

_____

_____

6. In the next three months, do you intend to travel outside your usual country of residence ? Yes ☐ No ☐

If yes, please provide information: Country / City / Date of Travel / Intended Duration

_____

_____

Declaration

I hereby declare that the above answers and statements are true and complete and understand that they shall form part of the contract between me and EFU Life Assurance Ltd. I confirm that I have checked and found correct all answers and statements in this form, even those that are not in my own handwriting. Further, I have understood the declaration that I have made in this form and understand that this declaration forms part of my proposal based on which my policy will be issued, reinstated, or altered. I am well aware that if any information which ought to be made to the Company is withheld, concealed or any false statement is given in this form, any issuance, reinstatement or alteration made in pursuance of this form shall be considered null and void from its inception and all money paid in respect of premiums shall be forfeited to EFU Life Assurance Ltd.

_____ _____

Signature of the life assured **Date**