



PQ-NB-15

PAK-QATAR FAMILY TAKAFUL
Together for Better

DECLARATION OF HEALTH & OCCUPATION (DHO)

Application/Membership No. _____

I, _____ do hereby confirm that since my last statement in the above stated application/ membership number, my health, occupation, family history has not changed or changed with the following exceptions.

Health

No change

Changed as stated below

.....
.....
.....

If female, state whether now pregnant (if yes, since how many months)

Yes

No

Occupation

No change

Changed as stated below

.....
.....
.....

Other information

(if any)

No change

Changed as stated below

.....
.....
.....

Signature of participant : _____

Date : _____

Witnessed by

Signature : _____

Name : _____

Date : _____

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