PAK-QATAR FAMILY TAKAFUL
Together for Better

Annex 2-B

The form should be completed in following situations

a. Appointment of Guardian
b. Change of Guardian
c. Correction of Name of Guardian

Guradian Change/ Correction Form

Plan No														

I as participant of the plan do hereby appoint the _____aged___ who is my _____ (relationship with you) as guardian of the following minor Nominee(s) under Insurance Ordinance 2000, already nominated in the takaful plan.

S. No.	**Name**	**Age**	**Relationship**
1			
2			
3			
4			

Signed at:_____
Date:__/__/____

_____
Signatures of the Participant
Name:
_____

_____
Signatures of Witness
Name:
_____

I hereby Consent to my appointment as guardian of minor nominee(s) as mentioned in this document

_____
Signature of Guardian
CNIC NO_____