



PAK-QATAR FAMILY TAKAFUL
Together for Better

Request Form for "Change of Nominee/ Guardian"

Membership No:	
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Participant's Name: _____ CNIC No: _____

Email Address: _____ Cell No: _____

I do hereby nominate the following Nominee(s) under section 72 of the Insurance Ordinance 2000. If required I shall complete any document(s) / requirement(s) as asked by Pak Qatar Family Takaful or as required by the Plan Terms and Conditions.

Change In Nominees

	Name	CNIC	Age	Relationship with Participant	Share %
Nominee 1					
Nominee 2					
Nominee 3					
Nominee 4					

In case the Nominee(s) is/are minor(s) (under 18 years of Age) please designate a Guardian below:

	Name	CNIC	Contact Detail	Relationship with Nominee	Relationship with Participant
Nominated Guardian					

I hereby consent to my appointment as Guardian of minor Nominee(s) as mentioned in this document.

Signature of Guardian (with Date)

Declaration:

I hereby understand and agree that these changes shall form part of the plan and will be effective upon completion an execution of this form and approval here of by Pak Qatar Family Takaful

Participant's Signature

Agent's Signature with code

PAK-QATAR FAMILY TAKAFUL LIMITED

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