



**1. Client Details**

Name of Company			
Branch Name 1		Branch Name 4	
Branch Name 2		Branch Name 5	
Branch Name 3		Branch Name 6	
Type of Business			
Postal Address			
Contact Person		Designation	
Phone		Fax	
E-mail		Cell Phone	

**2. Scheme Details**

Scheme Effective Date		Scheme Expiry Date		Family Health Questionnaire Required	
Proposal Number		Proposal Date		Proposal Version & Option	
Basis of Takaful Benefit	Contributory / Non-Contributory			Retirement Age	
Mode of payment				Number of lives	
Parents Coverage				Maximum Maternity Eligibility Age	

**3. Eligibility Details**

Class/Category/Plan	
A	
B	
C	
D	
E	
F	
G	
H	

**4. Sales Personnel Details**

Agent Type	Name	CODE	Commission %	Production %
Primary Agent (External Agent)				
Lead Generator				
Overriding-1 Agent				
Overriding-2 Agent				
Servicing Agent				

**5. Special Instruction/Provisions**


**6. Declaration by Employer/Authorized Representative**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

**6. Declaration by Employer/Authorized Representative**

To be Filled by Marketing Executive: \_\_\_\_\_  
Name & Signature

Approved by Head of Takaful Distribution Services - Corporate  
Date: \_\_\_\_\_

**PAK-QATAR FAMILY TAKAFUL LIMITED**

102-105, Business Arcade, Block-6, P.E.C.H.S, Shakra-e-Faisal, Karachi 75400, Phone: (92-21) 34311747-56 (Ext 120, 135 & 187) Fax: (9221) 34386451, UAN: 021-111-TAKAFUL (825238), Email: info@pakqatar.com.pk, www.pakqatar.com.pk