ENHANCED DUE DILIGENCE FORM

To be completed by the Nominee (Individual Life Claims)

Deceased/ Life Assured Details

Name of the Deceased _____ Claim No. _____

(S/D/W)/O _____ CNIC/NICOP | | | | | | - | | | | | | | | - | |

Personal & identification Details

Name of the Nominee _____ CNIC/NICOP No. | | | | | | - | | | | | | | | - | |

(S/D/W)/O _____ CNIC Issue date _____ CNIC Expiry Date _____

Passport No. _____ Contact No. _____ Email _____

Relation with deceased _____ Address _____

Current source of Income _____ Other source of Income _____

Questionnaire

		Yes	No
1.	Mention if you are the UN Sanctioned country resident like (Burma/Myanmar)/Iran/North Korea/South Sudan/ & Cuba or any other sanctioned country		
2.	Provide name and period of stay of last visited country		
3.	Are you or any of your associate, immediate family member /s affiliated with any political party, or work for the judiciary, armed forces, law Enforcement agencies od bureaucracy in any possible way?		
4.	Please explain, if accused/convicted/arrested in any criminal activity		

Documentary Evidences

		Yes	No
A	Income tax returns of last year		
B	Bank statement of last six months		
C	Any other documentary evidence		

Bank Details

1. Account Title _____ Account No. _____ Name of Bank _____ Branch _____
2. Account Title _____ Account No. _____ Name of Bank _____ Branch _____
3. Account Title _____ Account No. _____ Name of Bank _____ Branch _____

Declaration

I, declare that the foregoing answers are true and complete and I have not withheld any pertinent or other necessary information with respect to the above Claim. The Claim amount under this membership is owned by me on behalf of our deceased/Life Assured and is not intended to be used for any unlawful activity.

Place of Statement _____ _____

Name of the Witness _____ **Signature of Nominee**

Signature

CNIC | | | | | | – | | | | | | | | – | | **Date** | | | / | | | / | | | **DD/MM/YY**