

ENHANCED DUE DILIGENCE FORM

To be filled by the Corporate Customers (Death/Disability Claims)

Life Assured Details

Name of the Employee _____ Claim No. _____
 (S/D/W)/O _____ CNIC/NICOP

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Company's Detail

Name of the Organization _____ Registration No. _____
 NTN No. _____ Phone No. _____ Email _____
 Type of Business _____ Address _____
 Name of dealing Person _____ CNIC No.

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Questionnaire	Yes	No
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1. Is your company/institution/entity engaged in any sort of business activities with the countries being marked as AML non-compliant by the FATF or UN? If Yes, then please share the details.

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2. Is any of your Director or Member of the Senior Management a Politically Exposed Person (PEP)? If yes, then please share the details of the respective individual(s).
(For this question PEP means individuals who are or have been entrusted domestically with prominent public functions, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.)

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3. Is any of your Director or Member of the Senior Management a Foreign National? If yes, then please also inform us that if any of your foreigner Director or Senior Management is Foreign Politically Exposed Person? If yes, then please share the details of the respective individual(s).

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4. Was the Life Assured/ employee associated or his immediate family member/s affiliated with any political party, or work for the judiciary, armed forces, law Enforcement agencies or bureaucracy in any possible way?

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5. Please explain, if the Life Assured/ employee was accused/convicted/arrested in any criminal activity?

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Bank Details

1. Account Title _____	Account No. _____	Name of Bank _____
2. 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 the Company on behalf of our employee and is not intended to be used for any unlawful activity.

 Name of Authorized Person

 Signature

 Company Stamp/Seal

CNIC

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Date

D	D		M	M		Y	Y	Y	Y														