PAK-QATAR FAMILY TAKAFUL
Together for Better

Group Family Takaful Scheme
Health Questionnaire Form

UBL FUNDS

(To be submitted alongwith a copy of CNIC)

1 Personal Information

Name (Mr/Ms/Mrs) _____ Date of Birth (dd-mm-yy) ____ - ____ - _____
CNIC Number _____ - _____ - __ Height _____ Weight _____(KG)
Do you use tobacco or alcohol? ___ Yes ___ No Cumulative Investment Balance _____

2 Medical Declaration (to be completed by proposed investor)

1) Have you had any injuries, sickness, or ailment, or have you consulted or been treated by a healthcare provider for any reason in the past five years? ___ Yes ___ No
2) Have you ever had:
   A. High Blood Pressure, Heart Disease, or Arteriosclerosis? ___ Yes ___ No
   B. Mental illness, Stroke, or Epilepsy? ___ Yes ___ No
   C. Cancer, Diabetes, High Cholesterol or Nephritis? ___ Yes ___ No
   D. Respiratory disease, Renal disease, Hepatitis B or C? ___ Yes ___ No
   E. Any problem with the back or spine? ___ Yes ___ No
   F. Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex (ARC) or an immune system disorder? ___ Yes ___ No
3) Are you now unable to work full time because of any disorder or disease? Or during the past 5 years have you been unable to work for more than 30 consecutive days? ___ Yes ___ No
4) Do you take regular medication for Treatment or Control of any condition or ailment? ___ Yes ___ No
5) Do you contemplate any operation or visit to a doctor for an existing injury or ailment? ___ Yes ___ No
6) During the last 2 years, have you been involved in any type of hazardous occupation or avocation? ___ Yes ___ No
7) Do you have involvement past / present in political / religious activity or any enmity? ___ Yes ___ No
8) (For females only) Are you pregnant, or have you ever had any gynecological, obstetrical or breast disease / medical condition? ___ Yes ___ No

Provide details for any "Yes" answers. Use a separate sheet if necessary:

Injuries, Disease, Disorders and Operations	Month / Year	Duration	Result	Name and address of healthcare providers consulted

3 Authorization and Declaration – Please read and sign below:

I hereby certify that all answers to questions appearing on this form are true and complete to the best of my knowledge and belief.
For Underwriting and claim purposes, I give my permission to any physician or other medical practitioner, hospital, clinic, or medical or medically related facility, takaful/ insurance company, or employer to give Pak-Qatar Family Takaful Ltd or its authorized representative ALL INFORMATION on my behalf including copies of records with references to any sickness, accident, disability, treatment, examination, medical investigation, advise, or hospitalization underwent.

Date of statement: _____ Investor's Signature _____

4 Declaration by Participant

I/ We hereby confirm that the information provided above is as provided to us by the investor. I/ We also confirm having read and understood the terms of the Master participant Membership Document (PMD) signed between Pak Qatar Family Takaful and UBL Fund Managers Ltd.

Date (dd-mm-yy): ____ - ____ - ____ AMC Representative Signature _____
(Please affix official stamp / seal with signature)