



Family Enrolment Questionnaire Form (FEQ)

Cert ID
(If already issued)

Name of Employee: Gender: Employee ID
In CAPITAL letters First / Middle / Given Name(s) Male/Female (If any)

Employer Name: Designation: Joining Date: Marital Status

Home Address: Marriage Date

Subsidiary/ Location Nationality CNIC No. / Passport No. Date of Birth
(If any)

Bank Name IBAN No. Cell No. Email ID

Please list Family Members (spouse, son, daughter, mother and father) to be covered: *Attach additional sheets if necessary. In case of addition of newborn child or spouse, please attach copy of Birth Certificate for the child and copy of Nikahnama / Marriage Certificate for the spouse.*

S. No.	NAME <small>Please write in CAPITAL letters</small>	Relationship with You	Date of Birth <small>(dd/mm/yy)</small>	Height <small>(ft./in)</small>	Weight <small>(lbs)</small>	CNIC No. / B Form No. <small>(Mandatory)</small>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

DECLARATION: I hereby declare that the statement above is true and complete to the best of my knowledge and belief. I have not withheld any information. I understand that the above details together with the application of my employer to EFU Life Assurance Ltd- Window Takaful Operations are the basis for the Group Health takaful applied for. I hereby authorize any hospital, physician or surgeon who has attended to me or my family members to furnish to EFU Life Assurance Ltd - Window Takaful Operations with any and all information that they may require concerning our medical history and/or examinations. I understand that any false, incorrect, incomplete or misleading statement may invalidate my participation in this group health takaful contract.

TO BE FILLED BY THE EMPLOYER

Please specify the plan for this employee

Executive Deluxe Standard

Value Basic

Other _____

Coverage Effective Date: _____

Signature of Employee for Self & on behalf of family members being covered Date

Signature & Stamp of the Employer

Please fill in English only

**EFU LIFE ASSURANCE LTD.
WINDOW TAKAFUL OPERATIONS**

Health Office: 37-K, Block-6, PECHS, Karachi-75400.