5th Pillar Family Takaful Limited

5th Pillar Family Takaful Scheme

HEALTH QUESTIONNAIRE FORM

(To be submitted along with a copy of CNIC)

UBL FUNDS

SECTION 1 : PROPOSED MEMBER (to be completed by Customer/Borrower)

Name of Customer/ Borrower:		Date of Birth:
Father's/Husband's Name:		
Home Address:		Mobile/Landline No.:
Gender: ☐ Male ☐ Female	CNIC #:	Marital Status:
Occupation:	Exact daily duties:	
Title of Business:	Annual Earned Income:	House Loan Amount:
Height (Inch): Weight (Kg):	Do you use tobacco or alcohol? ☐ Yes ☐ No	

SECTION 2 : MEDICAL DECLERATION (to be completed by Customer/Borrower)

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

Q1. Have you had any injury, sickness, or ailment, or have you consulted or been treated by a healthcare provider for any reason in the past five years?	☐ Yes	☐ No
Q2. 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, or Nephritis? _____	☐ Yes	☐ No
D. Any problem with the back or spine? _____	☐ Yes	☐ No
E. Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex (ARC) or an immune system disorder?	☐ Yes	☐ No
Q3. Are you now unable to work full time because of any disorder or disease?	☐ Yes	☐ No
Q4. Do you take regular medication for treatment or control of any condition or ailment?	☐ Yes	☐ No
Q5. Do you Contemplate any operation or visit to a doctor for an existing injury or ailment?	☐ Yes	☐ No
Q6. During the last 2 years, have you been involved in any type of hazardous occupation or avocation?	☐ Yes	☐ No
For Female only: Are you pregnant? Or have you ever had any gynecological, obstetrical or breast disease/medical condition?	☐ Yes	☐ No

Injuries, Diseases, Disorders & Operations	Month, Year	Duration	Result	Name & Address of Healthcare providers consulted

Q7. (a) Have you been tested for Covid-19? If Yes, Date of the test: _____. Result of Test	☐ Yes-Positive	☐ No-Negative
(b) Have you made a complete recovery with no recurrence?	☐ Yes	☐ No
Q8. Within the past 14 days have you had any contact with someone confirmed as infected with the virus?	☐ Yes	☐ No

Declaration by the Customer/Borrower

I, the above named, the applicant for Takaful coverage, declare that all the statements made above are true to the best of my knowledge and belief. I consent to the company seeking medical information from any doctor who at any time has attended me for any condition, which affects my physical or mental health, or from any Takaful/Insurance office to which a proposal has been made for Takaful coverage on my life and I authorize the giving of such information.

I confirm my understanding that failure to disclose a material fact may lead to the rejection of any claim relating to this Takaful Scheme.

Date of Statement _____

Signature of the proposed Customer/ Borrower

Declaration by the Participant/ Bank

I hereby certify that all answers to questions appearing on this form are true and complete to the best of my knowledge and belief.

Date of Statement _____

Signature & Seal of the Participant/ Bank