## LEGAL INSURANCE

# REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Today’s date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Policy Number: | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| last name: | | | | | | | | | | | | | First: | | | | | | | | | | | | Middle: | | | | | ❑ Mr.  ❑ Mrs. | | | ❑ Miss  ❑ Ms. | | | | | | | | | Marital status (circle one) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Single / Mar / Div / Sep / Wid | | | | | | | | | | |
| Is this your legal name? | | | | | If not, what is your legal name? | | | | | | | | | | | | | | | | | (Former name): | | | | | | | | | | | | | | | | Birth date: | | | | | | | Age: | | | Sex: | | | | |
| ❑ Yes | | ❑ No | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | / / | | | | | | |  | | | ❑ M | | | ❑ F | |
| Mailing/ Present Address | | | | | | | | | | | | | | | | | | | | | | | | | | CNIC | | | | | | | | | | | | | | | | Home phone no.: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | () | | | | | | | | | | |
| P.O. box: | | | | | | | | | | | | | | | | | | City: | | | | | | | | | | | | | | | | | | State: | | | | | | | | ZIP Code: | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | | Employer: | | | | | | | | | | | | | | | | | | | | | | | Employer phone no.: | | | | | | | | | | | |
| Choose because/Referred to Insurance by (please check one box): | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| ❑ Family | | | ❑ Friend | | | ❑ Close to home/work | | | | | | | | | | | | | | ❑ Website | | | | | | | | | | | | ❑ Other | | | | | | |  | | | | | | | | | | | | | |
| Other family members seen here: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURANCE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person responsible for Insurance | | | | | | | Birth date: | | | | | | | | | Address (if different): | | | | | | | | | | | | | | | | | | | | | | | | | Home phone no.: | | | | | | | | | | | |
|  | | | | | | | / / | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Is this person insured here? | | | | | | | ❑ Yes | | | | | ❑ No | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Occupation: | | | | Employer: | | | | | | | Employer address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employer phone no.: | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ( ) | | | | | | | | | | | |
| Have you any sort of insurance? | | | | | | | | | | ❑ Yes | | | | | ❑ No | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select Insurance plan? | | | | | | | | ❑ Individual | | | | | | | | | ❑ Family | | | | | | | | | | | ❑Firm/Company | | | | | | | | | | | | ❑ Int.Company | | | | | | | ❑ Overseas Pak | | | | | |
| If Family ( Family Mem Names) | | | | | | | | Age of Family Members: | | | | | | | | | | | | | Birth date:  / /  / /  / /  / /  / / | | | | | | | | CNIC no.: | | | | | | | | | | | | Contact no.: | | | | | | | |  | | | |
|  | | | | | | | |  | | | | | | | | | | | | | / / | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | |
| Name of secondary insurance (if applicable): | | | | | | | | | | | | | | Subscriber’s name: | | | | | | | | | | | | | | | | | | | | | Group no.: | | | | | | | | | | | Policy no.: | | | | | | |  |  |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| IN CASE OF EMERGENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of local friend or relative (not living at same address): | | | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | | | | | Home phone no.: | | | | | | | | | | | Work phone no.: | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | ( ) | | | | | | | | | | | ( ) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Applicant signature: | | | | | | | | | | | | | | | | | | Registration Officer Signature: | | | | | | | | | | | | | | | | | | Legal Insurance Director Signature | | | | | | | | | | | | | | |  |