

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF PAKISTAN

Health Insurance Scheme with Salaam Takaful Limited

Registration Form

Mandatory to fill below information:	
Member's Name:	Membership No.:
CNIC No.	Benefit Plan:
Email Address:	
Cell No.:	

Dependents (Spouse/Son/Daughter/Mother/Father) to be included in the policy along with Member:

Name of dependent	Relationship	Date of Birth	CNIC#

Note: Member's participation is mandatory to cover dependent(s).

Signature (Member)

Signature & Stamp of Policy Holder (ICAP)