AL-MIZAN FOUNDATION

AL-MIZAN FINANCIAL ASSISTANCE AND DEATH GRANT FORM

A. Applicant Particulars				
Applicant name		CNIC / B-Form		Affix recent passport size photograph here
Father / spouse / guardian name		Date of birth / age		
Mobile / WhatsApp		Email, if any		
Present address		District & Province		
Applicant status	☐ Widow ☐ Son / Daughter ☐ Parent ☐ Guardian / dependent ☐ Other	Relationship / dependency		
Previous Al-Mizan / Foundation benefit (attach details, if any)	☐ No ☐ Yes Brief details:			

B. Principal / Deceased Beneficiary Particulars			
Name of principal / deceased beneficiary		CNIC	
Designation & BPS / scale		Employee / pension / service no.	
Parent Court / department / institution		Status	☐ Serving ☐ Retired ☐ Deceased

Date of death, if applicable		**Group**	☐ Punjab ☐ Sindh ☐ KPK ☐ Balochistan ☐ Federal

C. Assistance / Grant Requested			
Type of case	☐ Death grant / in-service death ☐ Natural disaster / flood / earthquake ☐ Fire / verified loss ☐ Severe emergency / hardship ☐ Serious illness of family member of deceased employee ☐ Other	**Date and place of event**	
Brief details of death / loss / emergency			
Estimated verified loss / treatment cost (Rs.)		**Amount requested (Rs.)**	
Insurance / compensation / other assistance	☐ None ☐ Applied ☐ Received, details attached	**Amount received / expected (Rs.)**	
Monthly family income (Rs.)		**No. of dependents / minor children**	
Disabled / seriously ill dependents	☐ No ☐ Yes, details	**Bank / account details**	

D. Documents Attached / To Be Attached			
☐	Applicant CNIC / B-Form	☐	Loss assessment / photographs / estimates
☐	CNIC of principal / deceased beneficiary	☐	Medical record / treatment estimate, where applicable
☐	Service / pension / employee proof	☐	Income / salary / pension proof
☐	Death certificate, if applicable	☐	Insurance / compensation / other assistance detail

☐	Relationship / dependency proof	☐	Bank account details
☐	Family registration certificate, where applicable	☐	Any other supporting document
☐	Disaster / fire / police / local authority report, where applicable	☐	

E. Applicant Declaration	
Declaration	I certify that the information, loss details and documents provided are true and complete. I have disclosed insurance, compensation, government relief, employer benefit, previous Foundation assistance and any other payment or claim relating to this case. I understand that assistance is subject to verification and approval, and that duplicate claim, false loss assessment, forged documents or concealment may result in rejection, recovery and lawful action.

F. Signatures			
Role	**Name**	**Signature / thumb**	**Date**
Applicant / claimant			
Guardian / family representative, if applicable			

G. Verification from Parent Department			
Verifying officer name & designation		**Official contact / email**	
Signature & Stamp		**Date**	
Verification			

Note: Attach copies only. Original documents may be required for verification. The Applicant shall also forward the same scanned verified application form alongwith the relevant docs to the Al-Mizan Foundation through email (info@almizanfoundation.org.pk) and WhatsApp (0340-1476497)