AL-MIZAN FOUNDATION

AL-MIZAN WIDOW SUPPORT FORM

A. Applicant / Widow Particulars				
Applicant name		CNIC		Affix recent passport size photograph here
Father / guardian name		Date of birth / age		
Mobile / WhatsApp		Email, if any		
Present address		District / province		
Marital / family status	☐ Widow ☐ Guardian of minor children ☐ Other verified family position	Relationship to deceased	☐ Spouse ☐ Dependent / guardian ☐ Other	
Previous Al-Mizan / Foundation benefit (attach details, if any)	☐ No ☐ Yes, brief details:-			

B. Deceased Principal Beneficiary Particulars			
Name of deceased beneficiary		CNIC	
Designation & BPS / scale		Employee / pension / service no.	
Parent Court / department / institution		Date of death	
Service status at death	☐ In service ☐ Retired	Group	☐ Punjab ☐ Sindh ☐ KPK ☐ Balochistan ☐ Federal

C. Household, Income and Support Required			
Pension entitlement	☐ None ☐ Applied ☐ Receiving	**Monthly pension, if any (Rs.)**	
Other monthly family income (Rs.)		**Earning family member**	☐ No ☐ Yes, details attached
No. of dependent children		**No. of minor children**	
Disabled / seriously ill dependents	☐ No ☐ Yes, details attached	**Other regular assistance / benefit**	☐ No ☐ Yes, details attached
Monthly support requested (Rs.)		**Bank / account details**	
Brief reason / present hardship			

D. Documents Attached / To Be Attached			
☐	Applicant CNIC	☐	Income / salary / pension proof of household
☐	CNIC of deceased beneficiary	☐	Birth certificates / B-Forms of dependent children
☐	Death certificate	☐	Disability / medical proof, where applicable
☐	Service / pension / employee proof	☐	Bank account details, where required
☐	Marriage / family relationship proof	☐	Details of any other assistance / benefit
☐	Family registration certificate / dependency proof	☐	Any other supporting document
☐	Pension order / non-pension proof, where applicable		

E. Applicant Declaration	
Declaration	I certify that the information provided is true and complete. I have disclosed pension, income, family support, remarriage where relevant, and any other assistance or benefit. I will inform the Foundation of any material change and will provide annual re-verification if support is continued. I understand that false information, concealment or duplicate benefit may result in suspension, recovery and lawful action.

F. Signatures			
Role	**Name**	***Signature / thumb***	**Date**
Applicant / widow			
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)*