



Doctor Connect Membership Form



I have read and understood the features of 'Doctor Connect' provided by EFU Life Assurance Ltd and I wish to enroll for the same. My particulars are as follows:

Name of Policy Holder :

Policy Number : CNIC :

Complete Postal Address :

Contact Numbers (Landline) :

(Mobile) :

Details of Family

(Please note that only the policy holder, spouse and children are covered)

S. No.	Name	RELATIONSHIP	DATE OF BIRTH

***You may attach additional papers in case of space being insufficient**

"I hereby declare that the information given above is true and I give my consent to "Doctor Connect" to seek information from any doctor, hospital, or laboratory and the giving of such information is hereby authorized. I understand that "Doctor Connect" is offered solely for the purpose of providing medical information (expert medical opinion) and EFU Life is not liable for the outcome of the treatment received or requested in connection with the Services"

Signature of Policy Holder : _____

Date : _____

Please courier Doctor Connect Membership Form on the below given address:

Doctor Connect

EFU Life Assurance Ltd.

EFU Life House, Plot No. 112, 8th East Street, Phase I, DHA, Karachi.