

GROUP SURGICAL & HOSPITALIZATION TAKAFUL PROPOSAL FORM

M.E / AGENT / BRANCH

POLICY NUMBER

Please note that no cover is in force until this proposal has been accepted by Amana Takaful (Maldives) PLC in writing and the Takaful contribution paid in full. (Refer Contribution Payment Warranty) All questions must be fully answered. Benefits under the policy may not be payable in the event of non-disclosure or misrepresentation of material facts.

Please complete in BLOCK CAPITALS throughout and tick (✓) boxes where appropriate.

1. DETAILS OF PROPOSER(S)

(a) Name in Full / Trade Name : Dr. / Mr. / Ms. / M/S

(b) Postal address :

(c) Business Registration No. : (d) NIC No. :

(e) Business / Occupation :

(f) Contact Details : Mobile Number : E-mail :
Fixed Line : Fax :

2. PERIOD OF TAKAFUL REQUIRED

From : / / To : / /

* Policy Renewal Date

3. ADDITIONAL INFORMATION

Number of Staff	Type of Business Activity	Contact Person	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE COMPANY WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE / TAKAFUL BROKER OR AGENT OR AMANA TAKAFUL OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR CERTIFICATE OR MAY RESULT IN YOUR CERTIFICATE NOT OPERATING FULLY.

DECLARATION BY PROPOSER

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact. I / We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of Takaful with the Company and are deemed to be incorporated into the Takaful policy. I/We hereby agree that the Takaful contribution which I/We undertake to pay to Amana Takaful (Maldives) PLC (the Company) as Tabarru (donation) be credited into the Participants Takaful Fund (PTF) for the Company to manage the various schemes of Takaful under the General Takaful Business and pay Takaful Benefits to the participants as expressed in the Terms and Conditions of this Takaful policy in accordance with the Waqf rules governing the PTF. I/We agree that the Company take a non-refundable up to 40% of the Takaful Contribution as their fees for managing the above Takaful Operations. I/We also agree that the Company invest the said fund in a manner deemed fit by the Company and the profit from investment if any be shared in proportion of 50% to the PTF and 50% to the Company on the basis of Al-Mudharaba. Losses if any will be borne solely by the PTF.

If there is a surplus from the fund after payment of benefits to any participant who shall be entitled to such benefits under the said takaful contract and deducting the costs related to the fund, the same shall be distributed on pro rata among the participants, provided always that they have not incurred any claim and/or received any benefit under the said takaful contract whilst the same is in force.

Date: / /

Proposer's Signature:
(Rubber stamp where applicable)