

Travel Takaful Proposal Form

Applicant's Name _____

Date of Birth Day Month Year

CNIC Number

Passport Number _____

Address _____

Tel No. _____

Policy Type Self Family

Spouse Name _____

Date of Birth Day Month Year

Passport Number _____

1. Child Name _____

Date of Birth Day Month Year

Passport Number _____

2. Child Name _____

Date of Birth Day Month Year

Passport Number _____

3. Child Name _____

Date of Birth Day Month Year

Passport Number _____

Plan Selected _____

Type Plan A Plan B Plan C

Effective Date _____

Expiry Date _____

Name of beneficiary/Next of kin _____

Relationship _____

Address _____

Contribution Payable (Pak Rs.) _____

Mode of Payment Cheque Cash

Signature of the Applicant

Date _____

Declaration

1. I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.
2. I/We agree that the statements and declaration contained in this proposal form shall be the basis of my/our beneficiary status in the Takaful Fund and deemed to be incorporated in the Policy.
3. I/We hereby undertake to contribute the agreed amount to the Takaful Fund maintained and operated by the company.
4. I/We understand that as per the rules of Takaful Fund, by doing so I shall stand entitled to the membership of the Takaful Fund and being one of its beneficiaries subject to the rules and regulations of the Fund.
5. As a prospective beneficiary of the Fund, I/We offer my/our property, as specifically described in the attached schedule, for the indemnity cover provided by the Fund to its beneficiaries.
6. I/We hereby request to be issued with a confirmation to acknowledge my membership and my consequential rights as a beneficiary of the Fund.

Name and Signature of the Applicant

Date _____