



Account Number:

Mr./Mrs/Miss Name and Forename:

Maiden Name (when appropriate):

Date & place of Brith:

CNIC:

Address:

I, the undersigned, declare:

- not having had any illness requiring ahospital stay, medical treatment or medical follow-upfor more than 30 days during the last 2 years,
- not having been off work for sickness for more than 14 consecutive days during the last 2 years,
- not having any surgical procedure or medical investigations planned for the next 6 months.

I, the above named, the applicant for takaful coverage, declare that all the statements made above are true to the best of my knowledge and belief. I consent to the Company seeking medical information from any doctor who at any time has attended me for any condition, which affects my physical or mental health, or from any takaful/insurance office to which a proposal has been made for takaful coverage on my life and I authorize the giving of such information.

I confirm my understanding that failure to disclose a material fact may lead to the rejection of any claim relating to this takaful Scheme.

At _____, Date _____ 20

Signature of the Proposed Customer

Declaration by the Participant/bank

I hereby certify that all answers to questions appearing on this form are true and complete to the best of my knowledge ad belief.

At _____, Date _____ 20

Signature & Stamp of Bank Representative

TheTakaful Operator invites the applicant to send any relevant medical documents. This may help avoid unnecessary medical examination or other investigations which the company reserves the right to request.