



Name of the proposer					
Date of Birth		Tel. No		Cell No	
Residential Address					

Would you like to be on our SMS mailing list? Yes No

Name of the Employer					
Address of the Employer					

Occupation (Please give full details)

CNIC No.

Cover Required: I wish to have the following plan

<input type="checkbox"/>	Plan I	Accidental Death, Permanent Disability (Total / Partial) Temporary Disability (Total / Partial)
<input type="checkbox"/>	Plan II	Accidental Death, Permanent Disability
<input type="checkbox"/>	Plan III	Accidental Death
<input type="checkbox"/>		Accidental Medical Coverage

AMOUNT OF COVER

Accident Sum Proposed Rs.

Medical Coverage Amount Rs. (Maximum 10% of Sum Proposed)

Weekly income under Plan-I will be Rs. 5 per 1000 of Accident Sum Proposed and payable upto 52 weeks.

Name of the Beneficiary

Relationship with You

Name of Contingent Benefit

Relationship with You

For Questions 1 -- 6 Please tick boxes as appropriate. Where any answer is "yes" please give details:

1. Are you at present insured against Personal Accident? Yes No

2. Do you at present have life insurance? Yes No

3. Do you suffer from any of the following impairments

(a) Impaired eye sight

(b) Impaired hearing Yes No

(c) Any physical or mental defect or infirmity

(d) Any sickness

4. Have you ever met with an accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you engage in any of the following sports/avocations? (a) Motor cycling as a sport (b) Hunting (c) Mountaineering (d) Winter Sports (e) Aviation (other than as a fare paying passenger)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has any insurance company ever declined a proposal for insurance from you, or imposed special condition special conditions cancelled any policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

Date: _____

Signature of Proposer

The liability of the Company does not commence until the Proposal has been accepted and the contribution paid. Only official receipt issued from the Company on printed form is binding on the Company