

# Fidelity Guarantee Takaful Proposal

<b>M. E. / AGENT</b>	<b>POLICY NUMBER</b>
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**Important**

Cover will not be in force until this proposal has been accepted by the company in writing and the Takaful Contribution paid in full.  
(Refer Premium 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.

Proposer's Full Name (In Block Letters) Mr/Mdm/Miss (delete as necessary) Trading Name (If any)

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Proposer's Age   years old      Date of Birth   date   month   year

Proposer's ID No.

Proposer's Full Address (in Block Letters)


E-mail       Fax No.

Contact Telephone No.           Handphone No.

Address to which proposal relates


Proposer's Business or Profession/Occupation

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Business Registration No.

Takaful Required    From   day   month   year    To   day   month   year

Trade or Business carried on in the above premises.






**QUESTIONS REGARDING SYSTEM OF CHECK**

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|--|--|---|--|
| 1. Is a good system of records maintained and is it up to date?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 11. Is regular (at least monthly) bank reconciliations and checks of receipt counterfoils and vouchers made?    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are the duties and authorities of each staff member clearly defined?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 12. Are the approval and control of bills received carried out by responsible staff?                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Is the division of responsibilities between departments, sections and individuals well defined so that no one person handles a transaction from beginning to end? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 13. Is there a regular balancing and control of debtor accounts with statements sent regularly to all debtors?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Are independent checks of work carried out in the accounting, cash and stock sections?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 14. Is there a regular control of credit notes by senior accounting staff?                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Is there a proper system of authentication of vouchers for payments?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 15. Are perpetual records for all categories of stock assets independently maintained by physical control?      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Is there regular (at least once a month) balancing of cash and stock books and reconciliation with control records?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. Is there a close supervision of storage and custody of all stocks maintained?                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. (a) Is there an imprest system of petty cash funds?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | 17. Are all deliveries to and from stores properly authorised?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| (b) Is it in the custody of one person only?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | 18. Are all dealings in investments authorised by Board and is there a control of registers, certificates, etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Is there a strict system of cash receipts control, including travellers cheques?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | 19. Is capital expenditure controlled by the Board?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Is the system of daily bank deposits independently checked?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | 20. Is there a regular independent system of internal audit of the activities of all persons guaranteed made?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Is there a proper control of bank account operations and cheque books?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | 21. Is a full external audit (at least once annually) carried out?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Important**

- (a) 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.
- (b) The cover provided under this proposal is subject to the terms and conditions of the Company's Fidelity Guarantee Takaful Certificate.
- (c) This proposal is subject to the 'Premium Payment Warranty'.
- (d) Payments by cheque to be drawn in favour of Amana Takaful (Maldives) Plc and crossed A/C payee. Cash payments should be made at Amana Takaful (Maldives) Plc. Amana Takaful will not accept responsibility for payments in other modes unless duly acknowledged by an official receipt of the Company.
- (e) I/We hereby agree to submit copies of any one of the following documents if requested by the Company.

**1. Individuals**

- i) ID ii) Passport iii) Driving Licence iv) Letter from a recognized public authority or public servant verifying the identity of the proposer

**2. Companies**

- i) Certificate of Business Registration

**3. Partnership Firms**

- i) Certificate of Registration, if registered ii) Partnership deed

**4. Trusts & Foundations**

- i) Certificate of Registration, if registered ii) Power of attorney granted to transact business on its behalf iii) Any official valid document to identify the trustees, settlers, beneficiaries and those holding power of attorney, founders, managers, directors

**DECLARATION BY PROPOSER**

I/We to the best of my / our knowledge hereby confirm that the statements contained in the 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 Takaful cover 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 Participant's 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 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.

<b>Date:</b>	Day	Month	Year	<b>Proposer's Signature:</b> (Rubber stamp where applicable)
	D D / M M / Y Y Y Y			