HAJJ AND UMRAH TAKAFUL PROPOSAL FORM

M.E / AGENT / BRANCH

POLICY NUMBER

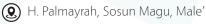
Please note that no cover is in force until this proposal has been accepted by Amana Takaful (Maldives) PLC in writing and the Takaful contribution paid in full. (Refer Contribution Payment Warranty) All questions must be fully answered. Benefits under the policy may not be payable in the event of non-disclosure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

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

1. DETAILS OF PRIMARY PROPOSER		
(a) Name in Full:		
(b) NIC / PP No.:	P No. : (c) Date of Birth :	
(d) Postal Address:		
(e) Occupation : مُعِي وَّحَ طُرِسُمُ		
(f) Contact number: (g) د الله الله الله الله الله الله الله ال	E-mail address: مِحْرَمِوْ مُعْرَسُهُ	
2. DETAILS OF ADDITIONAL PARTICIPANTS (attach sheets as المُورِينَ وَمُورِينَ وَمُورِينِ وَمُورِينَ وَمُؤْمِنَ وَمُورِينَ وَمُورِينَ وَمُورِينَ وَمُؤْمِنَ وَمُؤْمِنَ وَمُؤْمِنَ وَمُورِينَ وَمُؤْمِنَ وَمُؤْمِنَ وَمُؤْمِنَ وَمُؤْمِنَ وَمُؤْمِنِ وَمُؤْمِنَ وَمُؤْمِنِ وَمُؤْمِينَ وَمُؤْمِنِ ورَائِينَ وَمُؤْمِنِ وَمُؤْمِنِ وَمُؤْمِنِ وَمُؤْمِنِ وَمُؤْمِنِ وَمُؤْمِنِ وَمُؤْمِنِ وَمُونِ وَمِنْ وَمُؤْمِنِ وَمُؤْمِنِ وَمُؤْمِنِ وَمُؤْمِنِ وَمِنْ وَمِنْ وَمُؤْمِنِ وَمِنْ وَمِنْ وَمُؤْمِنِ وَمِنْ وَمِنْ وَمِنْ وَمُؤْمِنِ وَمِنْ وَمِنْ وَمِنْ وَمِنْ وَالْمِنْ وَمِنْ وَمِنْ وَمُؤْمِنِ وَمِنْ وَالْمِنْ والْمِنْ وَالْمِنْ وَالْمِنْ وَالْمِنْ وَالْمُوالِمِنْ وَالْمِنْ و	necessary)	
Full name of participant (as in passport) پرورک سویو	Passport number	
(1)		
(2)		
(3)		
(4)		
(5)	S < I × (V) × · · · · · · · ·	
3. TYPE OF COVER REQUIRED:	Umrah	
4. PERIOD OF TAKAFUL REQUIRED \$\frac{1}{2} \times \frac{1}{2} \times	End Date: DD/MM/YYYY	
5. GENERAL INFORMATION		
(a) Details of the medical treatment obtained during the last12 months. (in respect of	all persons to be covered)	
(I) Have you completed 2 doses of vaccine? دُوْسِ مِنْدُدُ وَكُوْمِ وَمُوْمِدُ وَكُوْمِ وَمُوْمِدُ وَكُوْمِ وَمُوْمِدُ وَكُوْمِ وَمُوْمِدُ وَكُومُ وَمُومُ	Yes No	
(II) Details of sickness / illness (please use separate sheet if necessary) :		
(III) Name and Address of Doctor		
(IV) Name and Address of Family Doctor		
(b) Have you or any person included in this proposal ever made a claim under any trav (مِرَّ دُرُورُ وَ مُرَدُورُ مُرادُورُ مُرَدُورُ مُرِدُورُ مُرَدُورُ مُورُكُورُ مُرِدُورُ مُورُكُونُ مُرَدُورُ مُرَدُورُ مُرَدُورُ مُرَدُورُ مُورُورُ مُورُورُ مُورُورُ مُورُورُ مُورُورُ مُورُورُ مُورُورُ مُورُورُ مُورُورُ مُرَدُونُ مُورُورُ م	4 m	
If YES, please give particulars : دُنْرَدُوَدِرُورٌ وَّسْرَدَ، بِبُنْ مُوْسِمِوْ		
(c) Has any insurance/takaful company declined or imposed special terms for you or a in respect of life, accident, sickness, hospital expenses or travel insurance? ﴿ اللَّهُ اللَّاللَّهُ اللَّهُ اللَّا اللّ	2.60 VAA	
If YES, please give particulars : دُدُنَّ سُرَدَّ مُرَّوِّ وَرَدُدُوُّ وَ		











MEDICAL HISTORY

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this proposal. If you are not in doubt as to whether the facts are not material, you should disclose them. This applies even if professional advice has not sought. Examples are; varicose veins, allergies, backaches, bunions, piles, gynecological problems (including any irregularities of menstruation) any ear, nose or throat problem or any pains, swellings or lumps.

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.

- The cover provided under this proposal is subjected to the terms and conditions of the Company's Hajj & Umrah Takaful Certificate.
- This Proposal is subjected to the 'Premium Payment Warranty'.
- 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 office. Amana Takaful (Maldives) PLC will not accept responsibility for payments in other modes unless duly acknowledged by an official receipt of the Company.
- I / We hereby agree to submit copies of any one of the following documents if requested by the Company.
 - Individuals ID Passport, Driving License, Letter from a recognized public authority or public servant verifying the identity of the proposer
 - Companies Certificate of Business Registration.
 - Partnered Firms Certificate of Registration, if registered, Partnership deed.
 - Trust & Foundations Certificate of Registration, if registered, Power of attorney granted to transact business on its behalf, 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 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 excess 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: DD/MM/YYYY	Proposer's Signature:	
	(Rubber stamp where applicable)	











