



AMANA TAKAFUL
SECURA
P.L.C.



Payments by cheque to be drawn in favour of Amana Takaful PLC and crossed A/c payee. Cash payments should be made at Amana Takaful PLC branches or collecting banks only. Amana Takaful will not accept responsibility for payments in other modes unless duly acknowledged by an official receipt of the company.

PROPOSAL FOR PARTICIPATION IN FAMILY TAKAFUL PLAN FOR OFFICIAL USE ONLY

Proposal No.
Certificate No.
Effective Date

ME Code
ME'S Name
TR No.

You are to disclose in this proposal form, fully and faithfully, all the fact which you know or ought to know, otherwise the certificate issued here under may be void

I. THE PROPOSER

1. FULL NAME
(As in NIC)

2. (a) HOME ADDRESS

(b) TELEPHONE NO OFFICE HOME
(c) E-MAIL MOBILE

3. (a) NIC NO. (b) DATE OF BIRTH DD MM YY
(c) GENDER MALE FEMALE (Tick box) (d) AGE NEXT BIRTHDAY YEARS
(e) RELIGION (f) MARITAL STATUS SINGLE WIDOW
(g) CITIZENSHIP SRI LANKAN (Tick box) MARRIED DIVORCED
NON - SRI LANKAN (h) HEIGHT FT-INS WEIGHT KG/LBS

4. (a) OCCUPATION
(b) EXACT NATURE OF DUTIES
(c) MONTHLY INCOME
(d) NAME AND ADDRESS OF EMPLOYER

(e) INSTALMENT PAID BY SELF SPOUSE EMPLOYER (Tick Box)

II. TAKAFUL PLANS

1. TERM OF PARTICIPATION

2. AMOUNT OF TAKAFUL INSTALMENT Rs.

3. INTERVAL OF PAYMENT MONTHLY QUARTERLY HALF YEARLY YEARLY

4. METHOD OF PAYMENT OF TAKAFUL INSTALMENT CASH CREDIT CARD CHEQUE STANDING ORDERS

5. SUPPLEMENTARY COVERS (IF REQUIRED)

(A) PERSONAL ACCIDENT COVER Rs.

(B) HOSPITALISATION COVER Rs. C D
(IF FAMILY COVER - NUMBER OF CHILDREN) I F

HOSPITAL COVER CHILD (EDUKATE ONLY) Rs.

(C) FAMILY RIDER COVER Rs.
SPOUSE CHILD/CHILDREN

(D) I. CRITICAL ILLNESS COVER - PROPOSER Rs.
II. SPOUSE (FOR SECURA PLATINUM ONLY) Rs.

(E) ADDITIONAL FAMILY PROTECTION Rs.

(F) WAIVER OF INSTALMENT NIL /OUTSTANDING INSTALMENT

6. GRAND TOTAL AMOUNT OF THE TAKAFUL INSTALMENT Rs.

7. GRAND TOTAL AMOUNT OF THE TAKAFUL INSTALMENT WITH ADMINISTRATION FEE Rs.

LIFE CENTRE

6, Glen Aber Place, Colombo 04,
[T] 011 7801000 [F] 011 780 1055
[E] lifecc@takaful.lk [W] www.takaful.lk



III. OTHER TAKAFUL / INSURANCE PLAN

1. Has a proposal ever been declined, withdrawn, deferred or accepted only on special terms by this company or any other insurance company? If 'YES' please give details. YES NO
- (a) Name of company
- (b) Certificate/ Policy no.
- (c) When
- (d) Reason

IV. HEALTH (IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU SHOULD PROVIDE FULL DETAILS BELOW)

1. Have you at any time suffered from any illness or had any medical treatment or operation? YES NO
2. Have you ever undergone surgery, or are you awaiting surgery? YES NO
3. Have you ever had a heart attack, chest pain, a stroke, hypertension, diabetes or any disorder of the heart or blood vessels? YES NO
4. Have you ever had any form or type of cancer, tumour or cyst? YES NO
5. Have you ever had any disorder or disease of the muscles, bones, joints, limbs or spine (including arthritis, rheumatism, slipped disc, etc)? YES NO
6. Have you ever had an anxiety state, depression or any mental, nervous or neurological disorder? YES NO
7. Have you ever suffered from respiratory or lung trouble, eg asthma, bronchitis, persistent cough, tuberculosis? YES NO
8. Have you ever suffered from any disorder of the digestive system, gall bladder or liver, eg actual or suspected gastric or duodenal ulcer, bleeding from the bowel, recurrent indigestion, hepatitis, gallstones, hiatus hernia? YES NO
9. Have you ever suffered from any disease, disorder or infection of the kidney's, bladder or reproductive organs?
eg:- albumin in urine, stones, prostatitis, venereal disease, bilharzia YES NO
10. Have you ever suffered from any disorders of the blood? eg:- haemophilia, anaemia YES NO
11. Have you ever received (or expect to receive) any medical advice, counseling treatment, blood test, or other test in connection with AIDS, any AIDS related condition? YES NO
12. Have you ever suffered from any Hepatitis B or any sexually transmitted disease? YES NO
13. Have you ever suffered any illness or disorder which is not mentioned above? YES NO
14. **For Female Applicants only.**
- a) Have you, or have you ever had, any disorder of the female organs (breast, ovaries, uterus), or any abnormality of pregnancy or confinement? eg:- caesarean section, miscarriage YES NO
- b) Are you pregnant now? If so how many months? YES NO

Date	Diagnosis	Treatment	Name and Address of Doctor

15. Do you consume any alcohol? If so quantity consumed for a week YES NO
16. Do you smoke? If so how many sticks per day YES NO

17. Have you been convicted of any criminal offense or is there any criminal proceedings instituted and/or pending against you? YES NO

18. Do you have or had any kind of threat on your life? YES NO

19. Details of Family History YES NO

Family members	Age if Living	State of health - suffered / suffering from Heart disease, Stroke, Diabetes, Blood Pressure, Kidney Disease, Cancer or any other Disease? (give details)	Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				

V. HOBBIES AND PASTIMES

Have you ever participated in (or anticipate doing so) any hazardous sport or activity? YES NO

Note :- examples of hazardous sports or activities include deep sea diving, hang gliding, horse racing, motor-cycle racing, motor racing, steeple-chasing, mountaineering or any other sport as professional. Flying except as an ordinary fare paying passenger If "Yes" Please give details

VI. FAMILY MEMBERS AND THEIR STATE OF HEALTH (answer only if Hospitalisation Cover is being taken for the family)

If child hospitalisation cover is required under EDUKATE child's details has to be given below

Name	Date of Birth	NIC No	Relationship	Occupation

	YES	NO	If "yes" give details
a) Has your spouse / child at any time suffered from any illness or had medical treatment or operation?			
b) Any disease of the brain or nerve system, lungs, cardiovascular diseases, urinary diseases, sexually transmitted diseases or any other diseases?			
c) Currently receiving medical treatments or have taken medical treatments or undergone medical examinations / surgery			
d) Has any proposal on your spouse's life been declined withdrawn, accepted with an increased premium or been considered for acceptance			
e) For Female spouse only ; Is she pregnant now? If so how many months			
f) Is your spouse / child presently in good health and entirely free from any ailments or deformities? If NO please give details			

Hospitalisation will not be paid for -> pre-existing conditions, congenital ailments, illness or hospitalisation which occurs / begins within the first Sixty (60) days of the effective or revived date.

VII. FAMILY RIDER (answer only if Family Rider cover is been taken)

Name	Date of Birth	NIC No	Relationship

Note :- No benefit shall be payable under this Family Rider Plan for death occurring during the first 12 months due to illness or injury that has occurred before the date of entry.

VIII. NOMINEES / WASI

No	Name	Date of Birth	NIC No	Relationship

For Muslim Participants the WASI is a person who is responsible to distribute the Takaful Benefits to the Participant's beneficiaries according to Sharia Law (Faraid). For non-Muslim Participants the WASI shall be the beneficiary(ies) who will be entitled to the Takaful Benefits according to the said percentage. It is recommended that WASI should be a responsible member of the Family such as Husband/ Wife/ Eldest Son/ Mother/ Father/ Grandfather. Hibah- Child's name. The nominee for Hibah is the responsible person who shall be entitled for the Takaful benefit according to the said percentage and shall not be subject to Faraid law, for participant Takaful fund portion. Payments will be made to Wasi for disbursement to child.

FOR EDUKATE CERTIFICATES ONLY

Beneficiary's Name	Date of Birth	Relationship

Tick (✓) To whom you wish to pay proceeds under the educate certificate in the event of a claim.
 (a) Wasi / Nominee (b) Child's Mudharabah account

IX. CANCELLATION CHARGES

■ In the event the certificate is surrendered/ cancelled, the following service fees apply.

	Within 6 months	Within 1 year	Within 3 years	Within 5 years	After 5 years
Instalment below Rs. 5,000	Rs. 7,500	Rs. 6,000	Rs. 5,000	Rs. 4,000	Rs. 3,000
Instalment Over Rs. 5,000	Rs. 12,500	Rs. 10,000	Rs. 7,500	Rs. 5,000	Rs. 3,500

■ In the event of the loss of the original certificate, a reissue fee of Rs. 2,500 will be charged.

X. DECLARATION

TAKAFUL PLAN

I hereby agree that the tabarru percentage (mentioned below) of takaful instalment that I undertake to pay Amana Takaful PLC be credited into the Participant's Tabarru Fund (PTF) of the Company as tabarru (donation), for the Company to pay from the PTF, takaful benefits upon death or permanent total disability of Participants as expressed in the terms and conditions of this Takaful contract and the direct costs relating to the PTF, the company may charge 65% (1st Year) 55% (2nd 3rd & 4th Year) and 30% (5th Year & there after) of the PTF as management fee and the balance in the PTF to be invested in a manner deemed fit by the company. The profit generated from the investment, if any, will be shared in the proportion of 50% to the PTF and 50% to the Company on the principle of Al Mudharabah, and losses will be charged solely to the PTF. If there is surplus from the PTF after paying the above takaful benefits and deducting takaful costs, the same shall be shared proportionately among the participants upon maturity of the Certificate.

The balance percentage be credited into my Account in the company's Participant's Investment Fund on the basis of Al Mudharabah for the Company to invest in a manner deemed fit by the Company. I agree to share the profits earned by such investment, if any, in the proportion 50% to be credited into Participant's Investment Fund and to be credited to each participant on pro rata, and 50% to the company. I further agree that any loss incurred by such investment if any be debited in full to the participant's Investment Fund. It is understood that no Participant will bear a loss greater than his total contribution. It is further understood that I will be entitled to draw the full amount in my account in the Participant Investment Fund at the end of the Takaful period

Tabarru Percentage

1st Year	2nd Year	3rd Year	4th Year	5th Year and After



Signature of Proposer

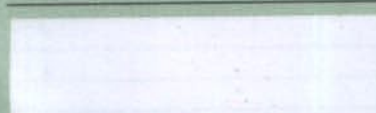
SUPPLEMENTARY BENEFITS

I hereby agree that the whole of the additional Takaful contribution that I undertake to pay Amana Takaful PLC be credited into the Group Family Takaful Fund as tabarru (donation) for the Company to pay the Takaful benefits upon Permanent and / or Partial Disablement resulting from Accidental Death, Hospitalisation, Family Rider, Critical Illness, Additional Family Protection and Waiver of Instalment for those who are entitled to the benefits under the plan. Further I shall be paid my pro-rata share of the net surplus of the Group Family Takaful Fund, if any, and provided always that I have not incurred any claim and/or received any benefits under the supplementary contract whilst the same is in force.

I, the undersigned, to the best of my knowledge hereby confirm that statements contained in this form are true and correct and I have not concealed, mis-represented, mis-stated any material fact. Should any part of the statement is proven to be false, the company shall have right to deprive me of the takaful benefits.

I hereby authorize any physician, hospital, clinic, institution or person, that has any record or knowledge of my health, to disclose to Amāna Takaful PLC all information about me with reference to my health and medical history.

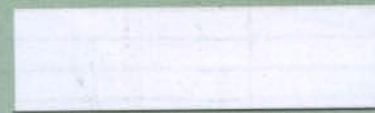
I agree that the statements and the declaration contained in this form shall be the basis of the Takaful contract with Amana Takaful PLC and are deemed to be incorporated in the contract.



Signature of Proposer



Signature of First Witness



Signature of Second Witness

Name :

Name :

Date :

NIC NO :

NIC NO :

15. Do you consume any alcohol? If so quantity consumed for a week

Yes No

16. Do you smoke? If so how many sticks per day

Yes No

17. Details of Family History

Family members	Age if Living	State of health - suffered / suffering from Heart disease, Stroke, Diabetes, Blood Pressure, Kidney Disease, Cancer or any other Disease? (give details)	Age at Death	Cause of Death
Father				
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Brothers				
Sisters				

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I agree that the statements and the declaration contained in this form shall be the basis of the Takaful contract with Amana Takaful PLC and are deemed to be incorporated in the contract

Signature of Spouse

Signature of Spouse

Signature of First Witness

Signature of First Witness

Signature of Second Witness

Signature of Second Witness

Name :

Name :

Date :

NIC NO :

NIC NO :

INSURANCE REPRESENTATIVE'S REPORT

1. Are there any apparent signs, deformity or ailment affecting suitability of proposer for cover? if so give details

Yes No

2. Proposer's occupation, nature of duties, place of work & income?

I declare that I have personally interviewed the proposer and that the answers given in this report are true to the very best of my knowledge and belief. I further declare that I am unaware of any additional information which has not been already stated that may adversely affect the risk proposed.

Takaful Representative's Name

Date

Signature

OFFICIAL USE ONLY

LIFE CENTRE

6, Glen Aber Place, Colombo 04. [T] 011 7801000 [F] 011 7801017 [E] lifecc@takaful.lk [W] www.takaful.lk



Amāna Takaful Insurance Redefined