

**PROPOSAL FOR PARTICIPATION**

Proposal No

Certificate No

Effective Date

Agent Code

Agent Name

Remarks

You are to disclose in this proposal form, fully and faithfully, all facts which you know, or ought to know, otherwise the Certificate issued hereunder may be void

ALL QUESTIONS MUST BE FULLY COMPLETED USING BLOCK CAPITALS

**(I) PROPOSER**

**1 FULL NAME**   
(As in NIC)

**2 (a) POSTAL ADDRESS**

**RESIDENCE**

**OFFICE**

**(b) TELEPHONE NO**

**OFFICE**

**RESIDENCE**

**MOBILE**

**EMAIL**

**3 (a) NIC NO**

**(b) DATE OF BIRTH**

**(c) GENDER**  MALE   FEMALE

**(d) AGE NEXT BIRTH DAY**   YEARS

**(e) CITIZENSHIP**  SRI LANKAN   NON SRI LANKAN

**(f) MARITAL STATUS**  SINGLE   MARRIED

IF NOT PLEASE SPECIFY \_\_\_\_\_

**(g) HEIGHT**  FT/INS **WEIGHT**  KG

**4 (a) OCCUPATION** \_\_\_\_\_

**(b) EXACT NATURE OF DUTIES** \_\_\_\_\_

**(c) MONTHLY INCOME** LKR. \_\_\_\_\_

**(d) NAME AND ADDRESS OF EMPLOYER** \_\_\_\_\_

**(e) CONTRIBUTION PAID BY** SELF  SPOUSE  OTHERS  (IF OTHERS PLEASE SPECIFY \_\_\_\_\_)

**(II) COVER DETAILS**

**1 SUM COVERED (BASIC COVER)** LKR.  **PERSONAL ACCIDENT COVER** LKR.

**2 TERM OF PARTICIPATION**  YEARS **3 CONTRIBUTION AMOUNT (INCLUSIVE OF CERTIFICATE FEE OF RS 1000.00)** LKR.

**4 INTERVAL OF PAYMENT (Tick box)** MONTHLY  QUARTERLY  HALF YEARLY  YEARLY  SINGLE CONTRIBUTION

**5 TYPE OF INVESTMENT FUND (Tick box & Sign)** STABLE MULTIPLE FUND  GROWTH MULTIPLE FUND  VOLATILE MULTIPLE FUND

**(III) OTHER TAKAFUL/INSURANCE PLANS**

**1 HAS A PROPOSAL EVER BEEN DECLINED, WITHDRAWN, DEFERRED OR ACCEPTED ONLY ON SPECIAL TERMS BY THIS COMPANY OR ANY OTHER INSURANCE COMPANY ?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) Policy/proposal No**  **(b) Name of insurer**

**(c) Reason**

**(IV) FAMILY HISTORY OF THE PROPOSER**

FAMILY MEMBER	NUMBER/S	IF LIVING		IF DECEASED	
		Age	State of Health	Age at Death	Cause of Death
FATHER		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOTHER		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SISTER/s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BROTHER/s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(V) HOBBIES AND PASTIMES**

Have you ever participated or currently engaged in (or anticipate doing so) any hazardous sports or activity? No  Yes  Details \_\_\_\_\_

*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/hobby. Flying except as an ordinary fare paying passenger*

## Please Tick "Yes" or "No" in the box provided

Yes

No

If Yes, please give details

- a) Are you to the best of your knowledge, in good health and entirely free from all diseases, ailments, deformities and disabilities?  Yes  No \_\_\_\_\_
- b) Do you presently or have ever suffered in the past from tuberculosis, hepatitis "B" or "C", Sexually Transmitted Disease (STD), AIDS (HIV) or any other illnesses?  Yes  No \_\_\_\_\_
- c) For Female Applicants only.
- 1) Have you, or have you ever had, any disorder of the female organs (breast, ovaries, uterus), or any abnormality of pregnancy or confinement, e.g. caesarean section or miscarriage?  Yes  No \_\_\_\_\_
- 2) Are you pregnant? If so how many months  Yes  No \_\_\_\_\_

## VII WASI

No	Name	Date of Birth	NIC NO	Relationship

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.

## VIII DECLARATION

I hereby declare and affirm that the full sum of money that I have paid and/or will be paid in future to Amana Takaful PLC for the purpose of this contract are derived from legally declared sources of income.

I also hereby confirm that the statements contained in this proposal are true and correct to the best of my knowledge and I have not concealed, misrepresented or mis-stated material fact. I agree that statements and declarations contained in this proposal form shall be the basis of the Contract between the company and my self and deemed to be incorporated in the contract. I hereby agree that the tabarru which I undertake to pay to Amana Takaful PLC be deducted from the unit Account in the form of units and to be credited in to the Takaful Non unit Fund (Tabarru Fund) for the company to manage the various schemes of the Takaful under the Family Takaful Business and pay Takaful benefits to the participant as expressed in the terms and conditions of this Takaful Contract. I agree that the company takes the under mentioned chargers/Fees for managing the above Takaful operation.

Furthermore I hereby authorise any physician, hospital, clinic, institution or person that has any records or knowledge of my health to disclose to Amana Takaful PLC all information about me with reference to my health and medical history

Allocations	
Regular contribution	The following percentages will be allocated from your contribution for investment and protection benefits
	<b>Year</b> / <b>Allocation</b>
	1 <sup>st</sup> / 80%
	2 <sup>nd</sup> / 85%
	3 <sup>rd</sup> / 90%
	4 <sup>th</sup> / 99%
	5 <sup>th</sup> / 99%
	6 <sup>th</sup> / 99%
7 <sup>th</sup> and after / 100%	
Single contribution	1 <sup>st</sup> Year / 93%
	2 <sup>nd</sup> and after / 100%
<b>FEES &amp; CHARGES</b>	
Fund management fee	Stable multiple fund 2.00% p.a Growth multiple fund 2.35% p.a Volatile multiple fund 2.75% p.a
Switching fee	1st switch free; 2 <sup>nd</sup> switch LKR 250 per Certificate anniversary
Certificate fee (one off payment)	LKR 1000
Surrender fee	LKR 1000 (if within 3 years only)
Part withdrawal fee	LKR 500
Wakala fee on Tabarru	20%
Investment share on Tabarru Fund	70%

(Fund Management charges may be revised depending upon the experience of the company, in the cost of the administration of funds and such it may increase or decrease)

Signature of the Proposer

Date :- 

Signature of 1st Witness

Name :- \_\_\_\_\_

NIC No :- \_\_\_\_\_

Signature of 2nd Witness

Name :- \_\_\_\_\_

NIC No :- \_\_\_\_\_

## Customer Declaration

Takaful is about fairness; A bond, a commitment to serve one and another sincerely and truly; Providing financial security through solidarity; Helping all the parties benefit progressively for the good of the country and its people.

1. The company does not guarantee the returns of the investment funds, such returns of the funds are subject to investment risk and such investment risk shall be borne by the certificate holder.
2. Funds comprise of the Stable multiple fund, Growth multiple fund and Volatile multiple fund. The value of units in each fund will fluctuate depending on the performance of the assets held.
3. Certificate holder is permitted for 100% switch of the value of units in a fund to another fund. Unit switch overs are permitted twice during the certificate anniversary, subject to a charge of LKR. 250 for the second switch.
4. Regular contributions are required to be paid during the certificate period. This certificate will lapse in case if the contribution , is not paid within 30 days from the first unpaid due date.
5. The certificate maybe cancelled by written request, which must reach the company within 30 days after the certificate holder has received the certificate document. The initial contribution paid, adjusted for movement of unit price at the next valuation date, less medical expenses and underwriting expenses incurred in assessing the risk under the certificate, shall be refunded.
6. Part withdrawals and surrender are available under specific terms and conditions of the contract.
7. The company has the discretion to revise the fund management charges depending on the experience of the company.

I hereby declare and agree that I have clearly understood the Contents of this product and place my signature for same.

\_\_\_\_\_  
Signature of the Proposer

Date :-

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Signature of the Proposer

Date :-

