



PERSONAL HEALTH DECLARATION FORM

YOU ARE TO DISCLOSE IN THE DECLARATION FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE CERTIFICATE ISSUED HEREUNDER MAY BE VOID.

I. THE PROPOSER

1. FULL NAME :
 (As stated in the NIC)

2. (a) POSTAL ADDRESS H HOUSE O OFFICE

(b) TELEPHONE NO. :

3. (a) NIC NO. (b) DATE OF BIRTH DAY MTH YR
 (c) SEX : MALE M FEMALE F (d) HEIGHT FT-INS WEIGHT KG/LBS

4. (a) OCCUPATION AND STATE THE EXACT NATURE OF WORK : _____

5. DO YOU ALREADY HAVE OR PROPOSED FOR A FAMILY TAKAFUL PLAN _____

II. THE STATEMENT OF HEALTH

1. HAVE YOU AT ANY TIME SUFFERED FROM ANY ILLNESS OR HAD ANY MEDICAL TREATMENT OR OPERATION ? IF 'YES' PLEASE GIVE FURTHER DETAILS YES NO

2. PLEASE ANSWER THE FOLLOWING QUESTIONS

	YES	NO	IF 'YES' PLEASE GIVE DETAILS
(a) Have you suffered any physical deformity or infirmity ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(b) Have you ever misused any drugs or narcotics or taking alcohol ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(c) Do you now smoke ?	<input type="checkbox"/>	<input type="checkbox"/>	_____ sticks per day
(e) Has any of your immediate family ever had tuberculosis, diabetes, heart disease or mental disease	<input type="checkbox"/>	<input type="checkbox"/>	Who _____ What sickness _____
(e) FOR FEMALE PARTICIPANT ONLY	YES	NO	
(i) Are you now pregnant ?	<input type="checkbox"/>	<input type="checkbox"/>	_____ months
(ii) Have you ever had miscarriage, difficult labour, caesarean section, or any complications in previous pregnancy / current pregnancy ?	<input type="checkbox"/>	<input type="checkbox"/>	when _____

III. HOBBIES AND PASTIME

HAVE YOU ANY INTENTION OR PROSPECT OF :	YES	NO	IF 'YES' PLEASE GIVE DEATAILS
(a) Flying except as an ordinary farepaying passengers on a regular public air service or charter plane ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
(b) Engaging in any hazardous pursuit or hobbies (motor-car or mptor-cycle racing, horse racing, steeple-chasing, mountaineering etc) or any sport as professional ?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 the right to deprive me of the takaful benefits.

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.

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 : _____

FOR OFFICE USE ONLY

Date Submitted

Age years

Scope of Cover D PTD ADD ME HB FE

Basic Cover Rs. _____

PA Cover Rs. _____

Free Cover Limit Rs. _____

Retakaful Rs. _____

Amount Retained Rs. _____

Amount Covered Rs. _____

UNDERWRITING COMMENT