



OFFICIAL USE ONLY

Certificate No.

Payment:

Effective date:

PROPOSAL FOR GROUP SURGICAL AND HOSPITALISATION TAKAFUL

I. THE PROPOSER				
1. NAME OF THE COMPANY OR ORGANISATION.				
2. ADDRESS				
3. ADDITIONAL INFORMATION	NO. OF STAFF MEMBER	TYPE OF BUSINESS/ACTIVITY	CONTACT PERSON	TELEPHONE NO

II. THE PROPOSER										
1. PERIOD OF TAKAFUL	FROM					TO				
		DAY	MONTH	YEAR			DAY	MONTH	YEAR	

III. DECLARATION		
<p>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 misstated any material fact.</p> <p>I/We also agree to furnish any information, reports or records on the statement of health of the Person Covered under this proposal or to submit any of the Person Covered to undergo medical examination, as required by Amana Takaful Limited, at my/our expenses.</p> <p>I/We hereby agree that the Takaful Contribution which I/We undertake to pay to Amana Takaful Limited (the Company) as Tabarru (donation) be credited into the Takaful Fund of the Company, for the Company to manage the various schemes of takaful under the Group Family Takaful Business and pay Takaful benefits to the Participants as expressed in the Terms and Conditions of this Takaful Contract. I/We agree that the Company take 40% of the Takaful Contribution as their fees for managing the above Takaful Operations. I/We also agree that the Company may invest the said fund in a manner deemed fit by the Company and the profit from investment if any be shared in a proportion of 50% to the Takaful Fund and 50% to the Company on the basis of Al Mudarabah. Losses, if any, will be borne solely by the Takaful Fund.</p> <p>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 same shall be distributed pro-rata among the current participants, provided always that they have not incurred any claim and/or received any benefits under the said takaful contract whilst the same is in force.</p> <p>I/We hereby declare that the statements and declaration in this Proposal Form shall be the basis of the contract of takaful with the Company and are deemed to be incorporated in the contract.</p>		
..... DATE SEAL AUTHORIZED SIGNATURE

PERSONS TO BE COVERED UNDER THE GROUP SURGICAL AND HOSPITALISATION TAKAFUL PLAN

No.	Name of person to be covered	Date of Birth	NIC. No.	Designation	Group	Individual	Family
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