



17 Does any person engage in hunting, flying as aircrew or for technical purposes, racing of any kind of mountaineering, or use woodworking machinery?

Yes  No

If yes, please give details .....

18 Please give names and addresses of doctors who have attended on the persons during last 3 years

.....  
.....

19 Is any person at present covered in respect of surgical and hospital expenses or covered by any other medical scheme?

Yes  No

If yes, please give insurers .....

And their certificate Nos. ....

20 Have you or any other person to be covered claimed benefits under any accident, sickness or medical expenses cover or scheme

Yes  No

If yes, please give details .....

21 Have you or any person to be covered ever been declined by an insurer or medical scheme coverage, or had a proposal been deferred, accepted on special terms, or had any insurance cancelled or had renewal refused?

Yes  No

If yes, please give details .....

**Declaration**

I/We hereby agree that the Takaful contribution which I/we undertake to pay to Amana Takaful PLC (PQ 23) as Tabbarru (donation) be credited into the Takaful Fund for the company to manage the various schemes of Takaful under the General Takaful Fund 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 invest the said fund in a manner deemed fit by the Company and the profit from the investment, if any, be shared in a proportion of 50% to the Takaful Fund and 50% to the Company on the basis of Al-Mudharaba. Losses, if any, will be borne solely by the Takaful Fund.

I/We hereby confirm that the answers given above are true and complete and that no information has been withheld which might influence the Company's decision in accepting the risk and agree to abide by the terms and conditions laid down by the Company.

\_\_\_\_\_  
Proposer's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Submitted  D  M  Y

Individual

Family

F/Members

Annual Cover Amount Rs.

Underwriting Comment

\_\_\_\_\_  
Authorised Signatory

\_\_\_\_\_  
Date