Amana Takaful HALE & HEARTY Medical Insurance

Amãna Takaful Insurance

H&H Young Minds

Proposal for Takaful Hale & Hearty Young Minds

1. Father / Mother / Guardian's Name .....
2. Address .....
3. Telephone Number ..... 4. NIC No .....
5. Profession / Occupation / Business .....
6. Please give below details of Children to be covered.

Name	Date of Birth (D/M/Y)	Relationship

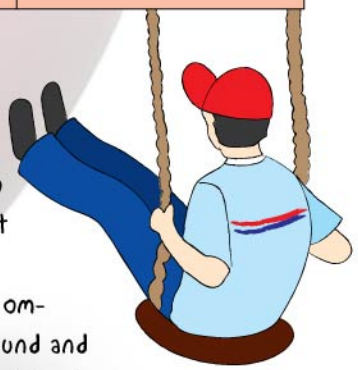
7. Please give below details of ailments / injuries or impairments for which treatment was obtained for your child / children within the past three years

Name	Ailment	Year

8. Has any person been advised to undergo any surgical operation? Yes / No
   If "Yes" give Details .....
9. Has there been any insurance / Takaful claims made in respect of any of the children proposed for cover? Yes / No
   If "Yes" give Details .....
10. Details of the Spouse. (For the purpose of Personal Accident Cover - limited to only one exposure even if there are numerous policies?

Name	Date of Birth	NIC No	Occupation	Relationship

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.

Signature of Proposer ..... Date ...../ ...../ .....

FOR OFFICE ONLY

Date Submitted D M Y

Number of children

Annual Cover Amount Rs.

Underwriting Comments

..... Authorized Signature

..... Date