AYADY TAKAFUL
ALLIED ISLAMIC WINDOW

Application No:

Certificate No:

Electronic Equipment Takaful Application Form

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☐ Individual ﷺ ☐ Company ﷺ

Occupation: ﷺ

Nature of Business: ﷺ

Company/Office/Applicant's Name: ﷺ

Date of Birth: D D M M Y Y Y Y ﷺ ☐ Male ﷺ ☐ Female ﷺ

Permanent Address (as in ID card): ﷺ

Postal Address (fill below): ﷺ

House/Building name: ﷺ

Road: ﷺ District: ﷺ

Postal Code: ﷺ Atoll,Island: ﷺ

☐ National ID Card ﷺ ☐ Registration Certificate ﷺ

☐ Work Permit ﷺ ☐ Passport ﷺ

ID No. ﷺ

Reg No. ﷺ

Nationality: ﷺ

Contact Name: ﷺ

Contact No: ﷺ

Email: ﷺ

Fax: ﷺ

Location of risk:

Has any of the equipment to be insured : previously been covered by any other insurance company? Yes ☐ No ☐

By which company? _____

Period of Takaful _____

Condition of equipment: Is the equipment maintained in accordance with the manufacturer's instructions? Yes ☐ No ☐

Is the quipment operated by competent staff? Yes ☐ No ☐

Has the property been insured before? Yes ☐ No ☐

(a) Name of the insurer _____

(b) Nature of cover granted _____

(c) Whether the insurance is still current _____

Has any insurer in respect of the property you wish to insure or any other property you have had any interest in:

(a) Declined/Refused to insure you? Yes ☐ No ☐

If yes, please give full details ____________________

(b) Increased your premium on renewal? Yes ☐ No ☐

If yes, please give full details ____________________

Have you ever made a claim upon an insurer? Yes ☐ No ☐

If yes, please give full details ____________________

* Electronic Equipment List - Format
* Please provide the list of Electronic Equipment needed to be insured as per the below format in a separate sheet.

#	Name and Description of Item	Year of Manufacture	Model	Serial No.	Unit Price

* Give particulars of any equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair.

Preferred Bank account number to transfer yearly Participants' Risk Fund Surplus

Bank Name	Account Name	Account Number

Note: Bank charges (if any) should be borne by the participant

DECLARATION BY TAKAFUL AGENT/BROKER OR SALES OFFICER

I hereby declare that all information contained in this application form are true and correct to the best of my knowledge and are the only information given to me by the applicant and I have not withheld any other information which might influence the acceptance of this application by the Takaful Operator.

[illegible]

Agent Name:	Agent Code:	Signature:

DECLARATION BY PARTICIPANT

I/We agree to participate in this Takaful plan based on the principle of Ta'awun and to pay the contribution on the basis of TABARRU (donation) for the purpose of helping each other participants who have suffered a financial loss due to any of the covered event (s). Based on this contribution, I/we are also entitled to the Takaful cover subject to the terms and conditions of this contract. I/We further agree that my/our contribution be credited into the Participant Risk Fund (PRF) and to appoint AYADY TAKAFUL to manage and invest the Fund according to Islamic Shariah. I/We also permit AYADY TAKAFUL to make payment for claims/Takaful benefits, provisions and reserves based on the guidelines and policies laid by the Takaful Operator and authorities, and to pay a WAKALAH (agent) fee at the rate of 34% of the contribution to AYADY TAKAFUL. I/We further agree that the money in the PRF shall be invested by AYADY TAKAFUL, and if the return from the investment exceeds 1.2%, the additional return or excess shall be retained and credited to AYADY TAKAFUL under the principle of UJRAH (performance fee). Additionally, I/We authorize AYADY TAKAFUL to distribute Net Surplus of the PRF at the end of the year (if any) among the participants. I/We further consent and acknowledge that any net Surplus arising from the PRF will be determined and distributed at the Takaful Operator's sole and absolute discretion and in accordance with the guidelines set forth by the Takaful Operator, which are subject to change without prior notice. I/We hereby declare that all information contained in this Application Form are true and no information have been held, which might influence the acceptance of this application by the Takaful Operator. I/We further acknowledge that the Takaful certificate issued here under maybe void otherwise.

ބަޔާން: އަހަރެން/އަހަރެމެން އެއްބަސް ވަނީ "ތަޢާވުން" ގެ އަސާސް ތަކާއި މައްޗަށް ބިނާވެފައިވާ ތަކާފުލް ޕްލޭނެއްގައި ބައިވެރިވުމުގެ ގޮތުން 'ތަބައްރުޢު (ހިބަ އާދި) ގެ އުސޫލުގެ މަތިން ފައިސާ ދެއްކުމަށެވެ. މިއީ މި ނިޒާމުގެ ދަށުން ބައިވެރިވާ އެންމެންނަށްވެ، ލިބޭ މާލީ ގެއްލުމެއްގައި ބައިވެރިވާ އެންމެންނަށް އެހީތެރިކަން ފޯރުކޮށްދިނުމަށެވެ. މި ނިޒާމުގެ ދަށުން އެހީތެރިކަން ފޯރުކޮށްދޭ ތަކާފުލް އެއްބަސްވުމުގައި ކަނޑައަޅާފައިވާ ޝަރުތުތަކާ އެއްގޮތްވާ ގޮތުން ބައިވެރިވުމުގެ ދަށުން ތަކާފުލް ސަރވިސް ހޯދުމަށް ހައްގުވާނެއެވެ. މި ތަކާފުލް ސްކީމްގައި ބައިވެރިވުމަށް ދައްކާ ފައިސާ ބައިވެރިންނަށް އޮންނަ ރިސްކް ފަންޑް (ޕީ.އާރ.އެފް) އަށް ޖަމާކުރުމަށް އަދި ޝަރީޢަތާ އެއްގޮތަށް މި ފަންޑް ހިންގުމަށާއި އިންވެސްޓްކުރުމަށް އަޔާދީ ތަކާފުލް ޢައްޔަންކުރުމަށް އެއްބަސްވަމެވެ. އަދި މި ފަންޑުން ބައިވެރިންނަށް ލިބޭ ކްލެއިމްތަކާއި ތަކާފުލް ފައިދާ ދިނުމާއި ރިޒަރވްތައް ބެލެހެއްޓުމަށް ތަކާފުލް އޮޕަރޭޓަރ އަދި ސަރުކާރުގެ ބާރުވެރި ފަރާތްތަކުން ކަނޑައަޅާ އުސޫލުތަކާއި ސިޔާސަތުތަކާ އެއްގޮތަށް ޚަރަދުކުރުމަށް އަޔާދީ ތަކާފުލަށް ހުއްދަދެމެވެ. މި މުޢާމަލާތުގެ ވަކާލާ ފީ (ޖުމްލަ ބަޔަކުގެ 34% (ވަކީލުގެ ހިދުމަތުގެ އުޖޫރަ) އަޔާދީ ތަކާފުލަށް ދިނުމަށް އެއްބަސްވަމެވެ. އަދި އާރިވާ ފަންޑުގައި ޖަމާވާ ފައިސާ އިންވެސްޓްކުރުމުން ލިބޭ ފައިދާ 1.2% (އިތުރު ފައިދާ ދަށުން އިންސެންޓިވް) އަށް ވުރެ އިތުރުވާނަމަ، އިތުރުވާބައި އުޖްރާގެ ގޮތުގައި އަޔާދީ ތަކާފުލަށް ޖަމާކުރުމަށް އެއްބަސްވަމެވެ. މީގެ އިތުރުން އަހަރު ނިމުމުން ބައިވެރިންނަށް އާރިވާ ފަންޑުގެ (ޕީ.އާރ.އެފް)ގައި ހުރި ސާފު ފައިދާ ބެހުމަށް ހުއްދަދެމެވެ. އަދި ބައިވެރިންނަށް ފަންޑުގެ ސާފު ފައިދާ ބެހުމުގެ ބާރު ތަކާފުލް އޮޕަރޭޓަރގެ އިޚްތިޔާރުގައި ހުރި ކަމަށާއި، ވަކި އެންގުމެއް ނެތި ބަދަލުކުރެވިދާނެ ޤަވާޢިދުތަކާ އެއްގޮތަށް ކަމަށް ޤަބޫލުކުރަމެވެ. މި ފޯމުގައި ހިމަނާފައިވާ މަޢުލޫމާތު ތެދު ކަމަށާއި، މި އެޕްލިކޭޝަން ޤަބޫލުކުރުމަށް އަސަރުކުރާނެ ވަކި މަޢުލޫމާތެއް ވަންހަނާ ނުކުރާ ކަމަށް އަހަރެން/އަހަރެމެން އިޤުރާރުވަމެވެ. މީގެ ޚިލާފަށް އަމަލުކޮށްފިނަމަ، އެ ތަކާފުލް ސެޓްފިކެޓް ބާޠިލްވާނެ ކަމަށް ޤަބޫލުކުރަމެވެ.

Signature :	Date:

Office Use Only		
Rate:	Contribution:	Agent's Name:

THIS TAKAFUL WILL NOT BE IN FORCE UNTIL THE APPLICATION HAS BEEN ACCEPTED BY TAKAFUL OPERATOR

(Acceptance of application means Takaful certificate issued and contribution collected.)