



Application No: _____

Certificate No: _____

Group Term Takaful Application Form

1-2

DETAILS OF APPLICANT

Full Name of Company: _____

Company Address: _____

City/Island & Province: _____ Street & P.O. Box: _____

Trade / Business: _____

Website: _____ Tel. No.: _____

E-mail: _____ Fax No.: _____

PATICULARS OF CONTACT PERSON

Full Name: _____ Designation: _____

Office Tel (Direct): _____ Mobile No.: _____

Email: _____

RISK DETAILS

Commencement Date: _____ Total No. to be Covered: _____

*Please send a soft copy of the list as per format to sales@ayady.mv, subjected as **Group Term Takaful List - [Company Name]***

SR. No.	Employee No.	Full Name of Employee	Gender	Designation	NID No. / Passport No.	Nationality	Date of Birth	Basic Salary
1								
2								
3								

MISCELLENEOUS

IS there any life Insurance Policy / Takaful Coverage currently in force covering the benefit applied for? YES NO

IF SO,

Under which Insurance / Takaful Provider are you Insured/Covered? _____

What is the expiration of the Policy/Plan? _____

What is the maximum limit per person? _____

CHOSEN BENEFIT PLAN

Please tick appropriately Salary Based Uniform Sum Covered Other

*If **Other** is selected, attach copy of agreed scheme quotation or proposal as relevant with this form.*

