



Application No: _____

Certificate No: _____

Plant Machinery & Equipment Application Form

ފުލުވުމުގެ ޖަހާން ޖެހޭ ފަރާތްތަކުގެ ފަރާތުން ފުލުވުމުގެ ޖަހާން ޖެހޭ ފަރާތްތަކުގެ ފަރާތުން

<input type="checkbox"/> Individual ފަރާތްތަކުގެ ފަރާތުން	<input type="checkbox"/> Company ފަރާތްތަކުގެ ފަރާތުން	<input type="checkbox"/> National ID Card ފަރާތްތަކުގެ ފަރާތުން	<input type="checkbox"/> Registration Certificate ފަރާތްތަކުގެ ފަރާތުން
Occupation: ފަރާތްތަކުގެ ފަރާތުން	Nature of Business: ފަރާތްތަކުގެ ފަރާތުން	<input type="checkbox"/> Work Permit ފަރާތްތަކުގެ ފަރާތުން	<input type="checkbox"/> Passport ފަރާތްތަކުގެ ފަރާތުން
Company/Office/Applicant's Name: ފަރާތްތަކުގެ ފަރާތުން		ID No. _____	Reg No. _____
Date of Birth: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality: _____	Contact Name: _____
Permanent Address (as in ID card): ފަރާތްތަކުގެ ފަރާތުން		Contact No: _____	Email: _____
Postal Address (fill below): ފަރާތްތަކުގެ ފަރާތުން		Fax: _____	
House/Building name: ފަރާތްތަކުގެ ފަރާތުން			
Road: _____	District: _____		
Postal Code: _____	Atoll, Island: _____		

Period of Takaful: _____

Have the plant and machinery to be covered (partly or in total) been hired? Yes No
If so, please specify the owner's name and address _____

Do you wish the cover to include extra charges for Overtime, Night work, Work on public holidays? Yes No
Limit of indemnity for such extra charges MVR _____

Do you wish the cover to include inland transport? Yes No
If so, please specify _____
Maximum Value transported by one means of transport MVR _____

Specification of Plant, Machinery or Equipment

Description of item: _____

Year of Manufacture: _____ Name of Manufacturer: _____
Type and Serial Number: _____ Output: _____ Replacement Value: _____

Description of item: _____ _____		
Year of Manufacture: _____	Name of Manufacturer: _____	
Type and Serial Number: _____	Output: _____	Replacement Value: <input style="width: 100px;" type="text"/>
Description of item: _____ _____		
Year of Manufacture: _____	Name of Manufacturer: _____	
Type and Serial Number: _____	Output: _____	Replacement Value: <input style="width: 100px;" type="text"/>
Description of item: _____ _____		
Year of Manufacture: _____	Name of Manufacturer: _____	
Type and Serial Number: _____	Output: _____	Replacement Value: <input style="width: 100px;" type="text"/>
Description of item: _____ _____		
Year of Manufacture: _____	Name of Manufacturer: _____	
Type and Serial Number: _____	Output: _____	Replacement Value: <input style="width: 100px;" type="text"/>
		Total Replacement Value: <input style="width: 100px;" type="text"/>

Documents required with the Application: Plant/Machinery/Equipment registry copy ID. Card / Company's registration copy

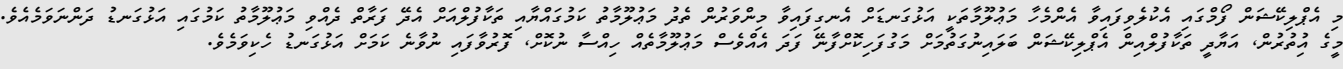
Preferred Bank account number to transfer yearly Participants' Risk Fund Surplus

Bank Name	Account Name	Account Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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.



Agent Name:	Agent Code:	Signature:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

