



AYADY
TAKAFUL

ALLIED ISLAMIC WINDOW

Application No: _____

Certificate No: _____

Professional Indemnity Takaful Form

1-2

Name މަދަރު	_____	Company ޖަމާއިއްޔާ	_____
ID no. މަދަރުގެ ސަރުކާރުގެ ނަންބަރު	_____	Registry no. މަދަރުގެ ސަރުކާރުގެ ނަންބަރު	_____
Date of birth މަދަރުގެ ޖުމްހޫރީ ދުވަހު	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Contact name މަދަރުގެ ނަންބަރު
Occupation މަދަރުގެ ވަޅުމާ	_____	Nature of business މަދަރުގެ ވަޅުމާ	_____
Permanent address / Office މަދަރުގެ ދާއިރާ / ޖަމާއިއްޔާގެ ޖަދުވަލު			
Postal address މަދަރުގެ ޖަމާއިއްޔާގެ ނަންބަރު			
House/Building name	Road	District	Postal Code
Atoll/Island			
Contact no. މަދަރުގެ ފޯން ނަންބަރު	Fax މަދަރުގެ ފެކްސް ނަންބަރު	Email މަދަރުގެ ފޭލް އިމެއިލް ނަންބަރު	_____

Standard Applicant Details

Period of Takaful:
Nature of Business/Practice:
Location of Business / Practice:
Indemnity Limits

Territorial Limits: Maldives

Details of the Professional's

(a) Please provide by attachment the following details of each Partner/Principal/Director:
Name:
Qualifications and Date Qualified:
Period as a Partner/Principal/Director at this Practice or Firm:
(b) Attach also the CV of each Partner/Principal/Director:
Which Professional Associations does the Applicant (including any Partner/Principal/Director) hold membership of?

Past History of the Professional's

1. Has any Partner/Principal/Director ever been subject to any disciplinary proceedings?
(Enquiry to determine same is to be made.) Yes No
If "Yes", please provide details:

2. Has a Claim ever been made against the Applicant (or any previous Company Name used by the Applicant), or any past or present Partner/Principal/Director or employee of the Applicant? Yes No
If "Yes", please provide details of matter, claimant, current status, amounts paid and reserve amounts. (Enquiry to determine same is to be made.)

