

## CORPORATE TAKAFUL PROPOSAL FORM

### General Information

Company/ Office Name: _____  Nature of Business: _____  Postal Address (fill below): House/Building name: _____  Road: _____ District: _____  Postal Code: _____ Atoll, Island: _____	Reg No. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>  Contact Name: _____  Contact No: _____  Email: _____  Fax: _____										

### Risk Details:

Please provide the list of employees in the following format:

S.No.	Employee No.(Record Card no.)	Name of the employee	Designation	National ID no. / Passport Number	Nationality	Date of Birth	Specify existing diseases/ conditions, if any

Dependent cover is an optional cover. An additional contribution will be charged based on the following information:  
 (All eligible dependents are required to enroll)

S.No.	Employee No.(Record Card no.)	Name of the employee	Designation	National ID no. / Passport Number	Nationality	Date of Birth	Specify existing diseases/ conditions, if any

### Miscellaneous:

Are you currently having an Takaful Certificate enforced?

Insured with an Takaful Company?

If **Yes**, period of Takaful:  Yes  No

Claim Ratio of previous certificate period: From: \_\_\_\_\_ To: \_\_\_\_\_

Method of claim Payment:

Account Transfer to Staff- MVR account only
(Account details must be included in the enrollee list)

Declaration

I, on behalf of the Company hereby declare and warrant that the above statements are true and complete. I understand that any misinterpretation contained herein would void the contract and any and all claims will be forfeited. I understand that the Takaful Operator will not be on risk until it has accepted the Proposal and communication of the acceptance has been given to me in writing.

I, on behalf of the Company consent and authorize the Takaful Operator to seek medical information from any Medical practitioner, hospital, clinic, health related facility, pharmacy, Takaful agency, Takaful Operator or administrator having advice or documents pertaining to the care, advice, treatment, diagnosis or prognosis of any medical condition.

I, on behalf of the Company consent that the Takaful Operator may hold claims or inactivate Certificate in the event of a default of payment.

I, on behalf of the Company agree that this proposal shall form the basis of the contract should the Takaful be effected. Upon receipt of confirmation on our quote, the benefits under the quote will be considered the basis for the contract and will remain UNALTERED through out the certificate period. If after the Takaful is affected, it is found that the statements, answers and particulars stated in the Proposal form and its questionnaires are incorrect or untrue in any respects, the Takaful Operator shall incur no liability under this Takaful.

Preferred Bank account number to transfer yearly Surplus

Bank Name Account Name Account Number

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

Declaration: I/We agree to participate in this Takaful scheme 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 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 PERFORMANCE FEE (Ujrah). 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 understand that this Takaful Certificate will not be enforced unless this application has been accepted by AYADY TAKAFUL.

Arabic translation of the declaration text.

Signature Date

Documents required with the Proposal: Company's registration copy Enrollee List (Soft Copy in Excel Format) Passport Size Photo (Soft Copy in .JPG Format) ID Card / Passport copy (Scanned Copy)

Office use only Received by: Sign: Date:

THIS PROPOSAL WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE TAKAFUL OPERATOR (Acceptance of Proposal means Takaful certificate issued and contribution collected.)