

Business Centre, 6<sup>th</sup> Floor, Plot No. 19-1-A, Block-6, P.E.C.H.S., Shahrah-e-Faisal, Karachi-75400, (Pakistan) UAN : (+92-21) 111-875-111, Fax : (+92-21) 4373195-6

## ALL RISK CONTENTS TAKAFUL QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

| Name of the Proposer:   |                                   |
|---|-----------------------------------|
| Occupation:   |                                   |
| Please state Location, Construction and<br>Occupation of the Premises containing the<br>Property.   |                                   |
| Are you the sole occupier of the premises? If<br>not, please state how many else are<br>occupying?  |                                   |
| Did you have any previous Takaful/<br>insurance Policy? If so, with whom and<br>when?   |                                   |
| Have you ever suffered a loss under All Risk<br>Contents Policy?<br>If yes, please state the date and<br>circumstances.   |                                   |
| Is the property in good condition and subject to regular maintenance program?   |                                   |
| If your proposal being declined, renewal<br>being refused or the Takaful/insurance Policy<br>being terminated or an increased<br>premium/contribution being required or<br>special condition(s) been imposed? |                                   |
| Value of the Contents?<br>(Please give details on the reverse)  |                                   |
| Desired period of coverage: From:   | D M M Y Y Y Y To: D D M M Y Y Y Y |
| Is there a watchman or caretaker on the premises?   |                                   |
| List of Articles covered at:<br>(Location)  |                                   |

| Sr. No. | Item No. | Description | Make / Model | No. of Articles | Value to be Covered<br>(Rs.) |
|---------|----------|-------------|--------------|-----------------|------------------------------|
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## LIST OF ITEMS TO BE COVERED

## DECLARATION

- 1. I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.
- 2. I/We agree that the statements and declaration contained in this proposal form shall be the basis of my/our beneficiary status in the Takaful Fund and deemed to be incorporated in the Policy
- 3. I/We hereby undertake to contribute the agreed amount to the Takaful Fund maintained and operated by the Company.
- 4. I/We understand that as per the rules of Takaful Fund, by doing so I shall stand entitled to the membership of the Takaful Fund and being one of its beneficiaries subject to the rules and regulations of the Fund.
- 5. As a prospective beneficiary of the Fund, I/We offer my/our property, as specifically described in the attached schedule, for the indemnity cover provided by the Fund to its beneficiaries.
- 6. I/We hereby request to be issued with a confirmation to acknowledge my membership and my consequential rights as a beneficiary of the Fund.

| Signed at:              | Signature | of | the | Proposer |  |
|-------------------------|-----------|----|-----|----------|--|
| Dated:- D D M M Y Y Y Y |           |    |     |          |  |