

SALAAM TAKAFUL LIMITED

(Formerly Takaful Pakistan Limited)

Business Centre, 6th Floor, Plot NO. 19-1-A, Block-6, P.E.C.H.S., Shahrah-e-Faisal, Karachi-75400. UAN: (+92 21) 111 875 111; Fax: (+92 21) 34373195

PRODUCT LIABILITY TAKAFUL QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

Name of the Proposer:					
Address					
Description of the business:					
Business established since:					
Does your business involve: NATURE OF BUSINESS					
Manufacturing Processing Packaging Wholesaling Retailir					ling Retailing
Give below the details of all p	roducts: (use	separate sheet if	f the space be	low is insufficier	nt).
Trade Name	Name of the Manufacturer			iption of Product	Estimated Annual Turnover
How long have your products been in the Market?					
Specify any product which is inflammable, explosive, poisonous, radioactive or in any way dangerous:					
Are directions for use given? a) By printing on the container or product? b) By separating leaflet or Boucher		a. b.			
Describe the container					
Are the products used as component? If so, with what type of products and by what industries.					
If any of your products are assembled by another firm (or persons) or if your products incorporated parts manufactured elsewhere? Please provide full details.					
Are any of your products or components thereof manufactured abroad? If so, please provide full details, including country of manufacture and value of such products or components:					

Give the following details regarding products supplied or distributed abroad: a) To whichcountries: b) How are you represented in those countries? (e.g. through agencies, concessionaries or your own branched i.e. direct)	a. b.
Estimated Annual Turnover?	
Do you keep records of the sources of supply of goods and materials which you handle or use?	
Do you enter into any agreements or undertaking to indemnify (or hold harmless) suppliers of materials or components or subcontractors or processors in respect of any injury or damage? If so, please supply wordings.	
Do you issue any written guarantee or conditions of sale with or in respect of any of your products? If so, please supply wordings.	
In respect of Product Liability Takaful Policy: a. Are you at present covered under any Takaful/Insurance Policy?	
b. Have you ever proposed for such Takaful/Insurance Policy?	
c. Has such proposal been declined?	
d. Has any Insurer / Takaful Operator cancelled, refused or renew or required either an increased contribution or imposed special conditions? If so, please provide details.	
In respect of the products proposed for this Policy, please give details of: a. Any claims made or pending against your?	
b. Any cases where you have reason to expect a claim?	
Limit of indemnity required in respect of a) Any one accident	
b) Any one period of Policy	
Desired period of coverage: From:	D M M Y Y Y Y To: D D M M Y Y Y Y
Excess (deductible) to be borne by the proposer for each & every loss.	
DECLARATION	

DECLARATION

- 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
- 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.
- I/We hereby undertake to contribute the agreed amount to the Takaful Fund maintained and operated by the Company.
- 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 schedule, for the indemnity cover provided by the	e offer my/our property, as specifically described in the attached e Fund to its beneficiaries.
6.	I/We hereby request to be issued with a confirmation as a beneficiary of the Fund.	tion to acknowledge my membership and my consequential rights
Sign	ned at:	Signature of the Proposer
Dat	ed:- D D M M Y Y Y Y	