



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

SALAAM MOBILE PHONE ALL RISK TAKAFUL QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

Name of the Proposer:	
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Address:	

Details of Mobile Phone:

Make		Model	
Serial No./Code:		User Name	
Mobile Number:		Current Market Value (Rs.)	
Date of Purchase:		Warranty Period:	

Previous Insurance/Takaful and Claim History If the answer to any of the following is yes, please provide complete details:

Have you previously been covered/insured? If yes, When and with whom?	
Has the previous	
a) application been declined?	
b) coverage required increased contribution/premium?	
c) required special restriction?	
d) been terminated/not renewed by any insurer or Takaful operator?	
e) Has your company suffered any loss(es) during the last three years?	

Desired period of coverage: From:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	To:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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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
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