



## **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 FIDELITY TAKAFUL QUESTIONNAIRE AND PROPOSAL FORM**

(Please use a separate sheet wherever necessary)

Name of the Proposer:	
Trade or Business (Give full particulars)	
Address:	
Total number of locations?	
When was the Company established?	

Please answer the following questions as fully as possible

a. Please give total number of employees by title, nature of their work e.g. No. of cashiers, store managers, etc?	
b. What is the hiring procedure and are references taken on new employees?	
c. Are relevant employee(s) allowed to payout of the cash in his/her hand any amount on your account? If so, are these payments previously authorised and subsequently audited?	
d. How frequently are cash-books balanced and entries checked? Are the books externally audited? Please give frequency and state the name of your auditor?	
e. What are the checks in place to detect/discover any irregularities?	
f. Please state number of employees in charge of stock? Please state frequency of inventory checked.	

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 infidelity loss(es) during the last five years?	

Is your company aware of any circumstances or incidents which may result in a loss that would be covered under a Fidelity Guarantee Takaful/insurance Policy?	
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Desired period of coverage: From: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y									

Limit of indemnity required in respect of a) Any one accident	
b) Any one period of Policy (Aggregate Limit)	

Excess (deductible) to be borne by the proposer for each & every loss.	
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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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