

**PROPOSAL AND DECLARATION FORM**

**IMPORTANT NOTICE:**

1. Pursuant to Section 28 of the Takaful Act 1984, you are to disclose in this Proposal and Declaration Form, fully and faithfully, all facts which you know or ought to know, otherwise the Certificate issued hereunder may be void.
2. You are advised to request for and study
  - (a) The [Product Disclosure Sheet](#) on the essential information of the major benefits and exclusions and your duties as the participant under the Certificate.
  - (b) The product information and benefit schedule and pay particular attention to guaranteed and non guaranteed benefits.
3. You should ensure if the plan meets your needs and whether you can afford to pay the contributions throughout the duration of your plan.
4. Upon receipt of completed documents and full payment accepted by the company, Syarikat Takaful Malaysia Berhad on your family takaful proposal to participate in this takaful plan, a Certificate will be issued within seven (7) days thereof.
5. The proposal herein applied for shall not take effect unless and until a Certificate is issued and the first contribution thereon has been fully paid.

**DECLARATION BY PARTICIPANT:**

I hereby declare, to the best of my knowledge and belief, that I am in good health and have not suffered from, been told to have, been treated for nor had any indication of the following conditions or diseases:

- (a) Cancer, tumor or cyst
- (b) Stroke, heart disease or any disease of cardiovascular and circulatory system
- (c) Diseases of kidneys or urinary system
- (c) Diabetes or high blood pressure requiring hospitalization
- (e) Hepatitis, liver diseases, stomach ulcer, chronic gastritis or bowel disease
- (f) Chronic and severe diseases of respiratory system
- (g) Sexually transmitted disease, HIV infection, AIDS or related conditions
- (h) Any form of physical defect, deformity or any permanent disabilities, or any total loss of sight, loss of speech or loss of hearing
- (i) Blood disorders, goiter or disease of thyroids
- (j) Epilepsy, brain / nervous system diseases or mental disorders
- (k) Back / spinal disorders, gout or arthritis

Yes   
No

I further declare that none of my application for takaful / conventional insurance plan for life, critical illness, accident or medical/health coverage on me has ever been rejected by any takaful operator or insurance company.

I understand and acknowledge that all statements made above and other documents submitted (if any) in connection with this application are complete and true to the best of my knowledge and belief; otherwise the Takaful contract issued hereunder may be void. I agree that this declaration and all statements made above shall form the basis of the Takaful contract between me and the Company and deemed to be incorporated in the Takaful contract.

By submitting the Proposal and Declaration Form, I hereby confirm the above declaration.

Participant's name:

Ahmad bin Ali

Date:

02 Sep 2010