

APPENDIX 1

PROPOSAL FORM for GROUP LIFE TAKAFUL

2. Company's Nature of Business 3. Company's Address P.O. Box Emirate Phone Fax 4. Definition of Scheme Members Please provide an updated list of members showing their names, dates of birth, genders, occupations, solaries and Takaful Sum 5. Takaful Sum Defails Currency: AED Takaful Sum Criteria Fiat Amount Takaful Sum Amount X24 X24 X36 X48 6. Benefits to be Covered Death any cause Additional Accidental Death Permanent Total Disability Accident Only Accident and Sickness Permanent Partial Disability Accident Only Accident and Sickness I temporary Total Disability (Accident Only): 7 days Walling Period 14 days Walling Period Accidental Medical Expenses Enter Amount: Maximum 16% of Life Takaful Sum Critical Illness Yes No 7. Previous Claims History (3 years) For No, of Scheme Outstanding Claims Members Death Disability Death Disability Permanent Disability Death Disability Permanent Outstanding Claims Paid Claims Members Death Disability Death Disability Permanent Outstanding Claims Paid Claims Members Death Disability Death Disability P. Declaration We hereby declare that to the best of our knowledge and belief the above particulars are true and complete and full information has been disclosed. We understand that non-disclosure or misrepresentation of any fact may invalidate the quoted terms. Nome Signature	1. Company's Name										
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