

TAKAFUL PAKISTAN LIMITED



Plot No. 19-1-A, 6th floor, Business Centre, Block-6, P.E.C.H.S. Shahrah-e-Faisal, Karachi.
UAN: +92-21-111-875-111, Fax: +92-21-4373195-6

MARINE CARGO TAKAFUL (QUESTIONNAIRE)

DATED: _____

Name of the Proposer: _____

Address: _____

Phone: _____ Fax: _____

Name of the Banks (if any): _____ NTN : _____

Email Id : _____

INTEREST COVERED / COMMODITY:

TYPE OF PACKING: _____

CONTAINERISED: YES NO CONVEYANCE: _____

SHIPMENT FROM: _____ TO: _____

ESTIMATED ANNUAL TURNOVER Rs: _____

PER CARRY LIMIT: _____ No. of shipment (Annual) _____

EXISTING INSURER: _____

CLAIMS HISTORY:

Year	No. of Claims	Highest Value of single Claim	Total amount Claimed
2018			
2017			
2016			

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 _____ Stamp & Signature of the Proposer _____

Dated _____ Name of Signatory _____