



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

MONEY TAKAFUL QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

Name of the Proposer:		
Address:		
Total Sum to be Covered:	Annual Carry Limit	Rs.
	Cash-in-Transit	Rs.
	Cash-In-Safe	Rs.
	Cash-on-Counter	Rs.
1. What are the names and addresses of the places between which money will be in transit? (If the space herein provided is not sufficient, please give the information fully by attaching a separate sheet)		
2. (a) What is the maximum distance over which the money will be conveyed?		
(b) Between what hours will the money be in transit?		
3. (a) How many persons will carry the money at a time?		
(b) Is he/Are they your regular salaried employee(s)?		
(c) What is/are his/their occupation(s)?		
(d) Is he/Are they covered under a Fidelity Guarantee Takaful/insurance Policy? If so, what is the sum Covered and with which insurance Company or Takaful operator?		
4. How is the money carried? (i.e. whether in bags, trunks etc., and in how many of them)		
5. What means of transport do the persons conveying the money use?		
6. Are the persons conveying the money accompanied by an armed guard? If not, state what protection, if any, is provided for them.		
7. (a) On what day is money drawn?		
(b) On what day is money paid out?		

8. After money is received at your chief premises, is it re conveyed to other premises? If so, give particulars (This question need not be answered unless it is required to have the Takaful Policy extended to cover any part of the money that is drawn whilst secured in locked safes until paid out)			
9. (a) What part of the money will be kept on your premises and for how long?			
(b) Where will it be kept?			
(c) What is the name of the maker of the safe?			
(d) What are the dimensions of the safe?	Height:	Width:	Depth:
(e) Is it marked "Burglar Resisting"?			
(f) What is the approximate age of the safe?			
(g) What is the weight of the safe?			
(h) Will the premises be guarded whilst they are closed for business? If so, by whom?			
10. Do you wish the risk of Infidelity of the person(s) carrying the money to be covered?			
11. Have you ever sustained any loss of money whilst in transit or while on your premises? If so, give full details.			
12. Has any Takaful Operator or Underwriter at any time: (a) Ever declined your proposal?			
(b) Required an increased contribution/ premium or special condition? Or			
(c) Cancelled or refused to renew your Takaful/insurance Policy?			
13. 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"/>
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"/>

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:-