



TAKAFUL PAKISTAN LIMITED

Business Centre, 6th Floor, Plot No. 19-1-A, Block-6, P.E.C.H.S, Shahrah-e-Faisal, Karachi-75400, (Pakistan)
UAN: (+92-21) 111-875-111, Fax: (+92-21) 4373195-6

THIRD PARTY LIABILITY TAKAFUL QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

Name of the Proposer:	
Trade or Business (Give full particulars)	
Address:	
Is the Proposer Owner, Agent or Tenant?	
Is the property covered with this Company against fire?	
Are the buildings fences, gates, etc., kept in good repair?	
Please describe:	
a) All Goods' Lifts used	
b) Hoists and/or Cranes used	
c) Trap doors, cellar Flaps and/or Floor or Pavement Opening at your Premises	
Describe all Machinery or Appliances used (use separate sheet if necessary)	
Have any claims been made against the Proposer during the past three years in respect of accident arising out of the condition of the property? If so, please provided full particulars.	
Do you undertake any work away from your own promises? If so, give particulars.	
Has any Insurance Company/Takaful Operator in connection with Third Party Liability	
a) Declined the Proposal for such coverage?	
b) Refused to renew the Policy?	
c) Required an increased Contribution/or Premium or imposed special condition.	

Limit of indemnity required: a) For Anyone Accident	
B) For Anyone Period of Policy	
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"/> <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"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Excess (deductible) to be borne by the proposer for each & every loss.	

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:-