



# DAWOOD FAMILY TAKAFUL LIMITED

1701-A, Saima Trade Towers, I.I. Chundrigar Road, Karachi-74000  
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 www.dawoodtakaful.com

## BM INSPECTION REPORT (Confidential)

(Applicable for female life only)

PART 'B'

PROPOSAL NO. / CERTIFICATE NO.	DATE
PARTICIPANT'S NAME	BRANCH
NAME OF BRANCH MANAGER WHO VISITED THE PARTICIPANT.	

Working <input type="checkbox"/> Yes <input type="checkbox"/> No If yes then state the occupation below _____ _____	Marital Status; Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>	Having Kids (if any) (number and ages) 1. _____ 2. _____ 3. _____ 4. _____	Level of Education Illiterate <input type="checkbox"/> Below Matric <input type="checkbox"/> Matric <input type="checkbox"/> Intermediate <input type="checkbox"/> Graduate <input type="checkbox"/> Other <input type="checkbox"/>
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### GENERAL INFORMATION

What is the category of Female Life? (According to the guidelines of DFTL) \_\_\_\_\_  
 Did you see her working at the place of her work as stated in the proposal form? \_\_\_\_\_  
 Was she co-operative in giving the information that you required in connection with this proposal? \_\_\_\_\_

### HEALTH & PHYSICAL STATUS OF THE PARTICIPANT:-

Was she looking healthy? If not give details \_\_\_\_\_  
 What is your opinion about her age? \_\_\_\_\_

### FINANCIAL STATUS OF THE PARTICIPANT:-

How was her working place? \_\_\_\_\_  
 What is the basis for your information about her income? \_\_\_\_\_  
 What is her steady, regular earned monthly income? Give the basis of your information \_\_\_\_\_

### RECOMMENDATIONS / REMARKS ABOUT THE PARTICIPANT:-

In your opinion will she be able to afford her contribution payment under this proposal. If not give reasons. \_\_\_\_\_  
 Give details of life insurance/Family Takaful on her own life or the lives of other family members (if any) \_\_\_\_\_  
 Any other information that you may like to give for the consideration of the proposal. \_\_\_\_\_  
 Do you recommend for acceptance of this proposal for the amount as applied for or do you suggest any modification \_\_\_\_\_

Signature \_\_\_\_\_ Date:- \_\_\_\_\_

**Note:- Below given portion to be filled by the client.**  
 I do hereby certify that to the best of my knowledge and belief, above information is correct  
 Place of meeting \_\_\_\_\_ Date of meeting \_\_\_\_\_  
 Signature of Participant \_\_\_\_\_