

DAWOOD FAMILY TAKAFUL LIMITED

1701-A, Saima Trade Towers, I.I. Chundrigar Road, Karachi-74000 UAN: 111-DFT-786 (111-338-786) Fax: (92-21) 3227-7188 www.dawoodtakaful.com

BM INSPECTION REPORT (Confidential)

			PART 'A'
PROPOSAL NO. / CERTIFICATE NO.		DATE	
PARTICIPANT'S NAME		BRANCH	
NAME OF BRANCH MANAGER WHO VISITED THE PARTICIPANT.			
GENERAL INFORMATION			
Do you know the life proposed personally? If yes since how long? Relationship (if any)			
If no, how was the meeting arranged?			
Place of meeting Date of meeting Name of the other sales person accompanied (if any)			
Name of the other sales person accompa	inied (if any)		
HEALTH & PHYSICAL STATUS OF THE PARTICIPANT:-			
From his general appearance and looks do you feel, he is a healthy individual?			
If not, give details			
What is the age by appearance according to your judgement?Are his habits sober & temperate:			
Was he co-operative in giving the information required by you?			
Tras no do operative in giving the information required by your			
FINANCIAL STATUS OF THE PARTICIPANT:-			
What is the exact nature of his occupation and source of the earned income?			
What is his approximate monthly <u>earned</u> income?			
How was his business place?			
What is the basis for your information about	out his income?		
RECOMMENDATIONS / REMARKS AB	OUT THE PARTICIPANT:-		
In your opinion, his income is sufficient for the proposed Sum cover			
Are you fully satisfied about need of this risk? If not give details			
Can you certify that medical examination and other clinical tests furnished to DFTL are of the life proposed and have been conducted by DFTL examiners?			
In your opinion, is there any involvement of Moral Hazard. If so give details,			
Give details of life Insurance / family Takaful on his own life or on the lives of other members of the family. If anyAny other information			
Do you recommend for acceptance of this proposal for the amount as applied for or do you suggest any amendments			
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			(If female life go to part B)