



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

J. DETAILS OF PAYER IF OTHER THAN LIFE PROPOSED

Proposal No.

1. Salutation- Mr./ Mrs./ Ms/ Miss./ Dr. 2. Individual 3. Company 4. Are you a Pakistani Citizen? YES - NO If no please specify: _____

5. Full Name of Payer (Ind. Co.)

6. CNIC/Old NIC/NTN

Passport No.

7. Gender:- a) Male b) Female 8. Date of Birth 9. Age (Nearest Birthday)

10. Marital Status:- a) Single b) Married c) Divorced d) Widowed

11. Religion:- a) Islam b) Other If other, please specify: _____ 12. Monthly Income (PKR)

13. Occupation _____ 14. Relationship _____ 15. Name of Employer _____

16. Current Insurance / Takaful in force and pending with us or other Companies on the life of payer. YES / NO
 IF YES:

a) Certificate / Application No.	b) Company	c) Amount of Death Benefit	d) Amount of Accidental Benefit	e) Date of Issue / Submitted	f) Standard / Substandard	Current Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(attach copy of schedule(s))

IF NO:
 Why not taking on his own Life. _____

17. Purpose of taking the Family Takaful Coverage on this life:- _____

CORRESPONDENCE ADDRESS

18. Preferred Mailing Address

19. E-Mail Address _____

20. Tel. No.

21. Mobile No.

City _____

22. Fax No.

Postal Code

I do hereby certify that to the best of my knowledge and belief, above information is correct.

 Signature of Payer

 Signature of Life Proposed

 Place

 Date

 Place

 Date

Witness by: Name _____ CNIC No. _____ Signature: _____

AGENT DECLARATION

I do hereby declare that I personally met proposer and all information contained in the application form is the only information given by the applicant and I have neither withheld any information which might influence the acceptance of this application, nor given any advice to the applicant contrary to the provisions contained in the standard certificate that will be issued by Dawood Family Takaful Limited.

 Agent Name

 Agent's Signature

Agent Code:

Unit Code:

Tel No. :