

SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: www.salamtakafulinsurance.com

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WORLD TRAVELER PROPOSAL FORM

Instruction: Use (✓) where appropriate.

PART A: PROPOSER DETAILS

FULLNAME:

ADDRESS:

TELEPHONE:

EMAIL:

OCCUPATION / TRADE:

PART B: WORK DETAILS

i- Particulars of Work in which the employees will be engaged:

ii- Territory(ies) in which Workmen are Employed:

iii- Are any of the following used in connection with your business?

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| (a) Woodworking or Power Driven Machinery | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (b) Lifts, Cranes, Hoists or other Lifting Apparatus | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (c) Slings or Cradles | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (d) Scaffolding | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (e) Any Other Mechanical Plant | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (f) Processes involving a noise level in excess of 85 dB(A) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (g) Radioactive substances or other sources of ionising radiation's | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (h) Asbestos, Silica or PCB's | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (i) Heat (oxy-acetylene or similar welding or cutting equipment, blow lamps, blow torches, flamed guns, hot air guns or other heat producing equipment) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (j) Energy risks (Onshore / Off Shore) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| (k) Explosives | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If YES, please give details;

Authorized and Regulated by:



Member of:



PART C: STAFF DETAILS

All persons engaged in the work must be included:

Description of Employees	Estimated number of Employees	Estimate Annual Wages(Salary and other Earnings)		
		Basic Salary	Other Allowances	Total
Clerical Staff				
Commercial Travelers				
Employees engaged with Wood-working machinery, including Machinist and Machinist Laborers.				
Others, viz:				

The total amount of wages, salaries and other earnings paid by me/us to the above-mentioned employees during the past twelve months was: _____

PART D: DECLARATION

I/ we hereby declare that I am/we are familiar with the regulations of Takaful business written by Salam Takaful Insurance Company Limited., and I/we agree to deal with the company accordingly. Also I/we authorize the company to manage and invest the contribution(s) in the manner deemed necessary under these regulations.

I/ We do understand and agree that the information disclosed in this proposal will form the basis of Takaful contract.

I/We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the Takaful contract will become null and void without any notice.

I/We agree to the terms, conditions including all exclusions of Takaful Contract which I/we have read carefully.

Date: _____

Signature of Proposer: _____

Authorized and Regulated by:



Member of:

