



**FIDELITY GUARANTEE TAKAFUL CLAIM FORM**

**PART A: POLICY DETAILS**

POLICY NO:

**PART B: PARTICIPANT DETAILS**

PERSON GUARANTEED:

**PART C: DECLARATION**

I/We the undersigned hereby declared that the following statement is a full and complete account of the defalcations of the above-named, after allowing for an amount of N..... representing salary, and/ or omission, and/or expenses, and/ or pension or superannuation refunds, and/ or other monies due to the said ..... and I/We claim the sum of N..... under the above Policy.

Address: .....

Signature: .....

Date: .....

Authorized and Regulated by:



Member of:



## PARTICULARS OF SUMS RECEIVED AND NOT ACCOUNTED FOR

Receipts which have been obtained from the Customers should be exhibited to the Company, and where the Defaulter is a Traveler, his Cash Sheets and Receipt Books for the period over which the defalcations have extended should be produced with this Claim Form if required.

Where the amount of the embezzlements has been certified by a qualified Accountant, his report should accompany the claim.

Authorized and Regulated by:



Member of:

