

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: [www.salamtakafulinsurance.com](http://www.salamtakafulinsurance.com)

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## RETAIL PRODUCTS PROPOSAL FORM

**Instructions:** i. All questions must be answered in full.

ii. Use (✓) where appropriate.

**Note:** An insurance agent who assists an applicant to complete an application or Proposal for insurance shall be deemed to have done so as the agent of the applicant.

### PART A: PROPOSER DETAILS

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Residential Address:	<input type="text"/>		
Phone Number(s):	<input type="text"/>	E-Mail:	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>		
Occupation:	<input type="text"/>	Name of Employer:	<input type="text"/>
Address of Employer:	<input type="text"/>		

### PART B: KYC REQUIREMENT

- i- Evidence of means of address submitted: Telephone Bill  Bank Statement  Utility Bill
- ii- Evidence of means of identification submitted: Letter from public notary/religious leader   
International Passport  National Identity Card  Driver's License  Voters Card

### PART C: PARTICULARS OF TAKAFUL PLAN REQUIRED

- i- Type of Takaful Plan required:
- |                          |                          |                              |                          |                      |                          |
|--------------------------|--------------------------|------------------------------|--------------------------|----------------------|--------------------------|
| SALAM TERM TAKAFUL       | <input type="checkbox"/> | SALAM INVESTMENT PLAN PLUS   | <input type="checkbox"/> | SALAM EDUCARE PLAN   | <input type="checkbox"/> |
| SALAM MORTGAGE TAKAFUL   | <input type="checkbox"/> | SALAM HAJJ AND JERUSALEM     | <input type="checkbox"/> | SALAM CREDIT TAKAFUL | <input type="checkbox"/> |
| SALAM GROUP TUITION PLAN | <input type="checkbox"/> | SALAM LEGACY INVESTMENT PLAN | <input type="checkbox"/> | SALAM MARRIAGE PLAN  | <input type="checkbox"/> |
- ii- SUM COVERED:
- iii- Means of Payment: Cash  Cheque  Electronic Bank Transfer  Payroll   
Others:
- iv- Certificate term:  year(s)

Authorized and Regulated by:



Member of:



v- Contribution amount:

vi- Contribution payment frequency:      Weekly  Monthly  Quarterly   
    Semi-Annually  Yearly  Single Contribution

vii- Beneficiary (ies)

S/No	Name	Relationship	Address	Percentage
1.				
2.				
3.				
4.				
5.				

**PART C: DETAILS OF PARTICIPANT'S LIFE**

QUESTIONS TO BE ANSWERED BY THE PERSON WHOSE LIFE IS TO BE ASSURED

i-	Are you now in all respects in good health?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii-	Do you usually enjoy good health?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iii-	Have you any prospects or intentions:		
	a. of traveling by air other than as a fare-paying passenger with a recognized airline?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b. of being engaged in any hazardous undertaking?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
iv-	Have you ever suffered, and if so, how often and when from:	Remarks	
	a. Fainting attacks, giddiness, fits, or mental or nervous disorder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b. Blood spitting, asthma, bronchitis, or any lung infection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	c. Ear discharge or deafness or any nose or eye trouble?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	d. Acute rheumatism or any infection of the heart?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	e. Any disease of the bones or of glands or any blood disorder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	f. Any infection of the kidneys or of the digestive organs? (e.g. Nephritis or stomach or duodenal ulcer)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	g. Stricture or any form of venereal disease?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	h. Any other serious disease, disability, or injury? (e.g. Rupture)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
v-	Have you ever had:		
	a. Recurrent or persistent fever or skin disorder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b. Persistent night sweats?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	c. Weight loss?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	d. Infection or swollen glands?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	e. Chronic or frequent diarrhea?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	f. Persistent cough?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	g. Hepatitis B or any sexually transmitted disease including genital sores or diarrhea?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Authorized and Regulated by:



Member of:



vi-	Have you ever had traces of HIV/AIDS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
vii-	Have you ever been refused a blood donor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
viii-	Have you ever received a blood transfusion within the last five years? YES <input type="checkbox"/> NO <input type="checkbox"/>	Please give full details of all positive answers: <input type="text"/>	
ix-	Have you had medical advice for any cause not already mentioned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
x-	Have you submitted to surgical operation, X-ray, blood examination or any other investigation not already mentioned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
xi-	Are you taking medicine or drugs at the present time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
xii-	Have you in the past 2 years been absent from work because of sickness or accident for longer than 6 weeks in the aggregate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
xiii-	What is your daily consumption of:		
	a.	Alcohol (type and amount)	<input type="text"/>
	b.	Tobacco (type and amount)	<input type="text"/>
xiv-	Do you have any other plans with us? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please mention them	<input type="text"/>
xv-	Has a proposal on your life ever been declined or withdrawn or accepted on special terms? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please state the name of the company	<input type="text"/>
xvi-	If female, are you now pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
xvii-	Have any of your near relatives died of, or suffered from:		
	a.	Mental Illness, Epilepsy or Diabetes?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	b.	Tuberculosis? YES <input type="checkbox"/> NO <input type="checkbox"/>	if so, please give particulars and state if and when you have resided in the same house as the affected relative <input type="text"/>
xviii	What are your height and weight in indoor clothes and shoes? Height	<input type="text"/>	Weight <input type="text"/>
xix-	Name and Address of your Doctor: <input type="text"/>		
	a.	How long has he known you?	<input type="text"/>
	b.	When and for what have you consulted him and/or any other Doctor in the last five years?	<input type="text"/>
xx-	Name and Address of your Bankers: <input type="text"/>		

Authorized and Regulated by:



Member of:



**PART D: APPOINTMENT NOTE**

I \_\_\_\_\_, hereby appoint \_\_\_\_\_  
as my Financial Adviser to transact business on my behalf with SALAM TAKAFUL PLC.  
I understand by this appointment, the Financial Adviser will act as my agent on this and on any other policy purchased through him/her.

\_\_\_\_\_  
Policy Holder Signature/Date

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Witness Signature/Date

\_\_\_\_\_  
Name(s)

**PART F: DECLARATION**

I hereby agree under the principle of al-Wakalah bil ujah, for Salam Takaful to deduct a certain percentage from the Takaful installments as Wakalah (Agency) Fee as stated in the Takaful Certificate. I hereby further agree that the balance of the Takaful instalments will be credited into my Participant Investment Account (PIA) from which a certain amount will be credited as tabarru (donation) into the Participant Risk Fund (PRF) for Salam Takaful Plc to pay the Takaful benefits to the participant entitled under the Takaful contract.

\_\_\_\_\_  
Regular Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature and Date

**NOTE: The Takaful plan will not commence until we receive the initial contribution has been paid to the company.**

**For Office Use Only**

Please tick the relevant checklist

If the insured is corporate, evidence of incorporation submitted

YES  NO

Are supporting documents submitted

YES  NO

Is due diligence carried out

YES  NO

RISK RATING:    Low     Medium     High

**The Company shall not accept liability on cash payment; all transfers/cheques should be issued directly in the name of the company.**

Authorized and Regulated by:



Member of:

