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*TARIKH LAHIR					
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FEE MASUK	@	RM					
i- FEE MASUK PERTAMA (UUK 13(1) PINDAAN 18.5.98)	RM20.00				.		
ii-FEE MASUK KEDUA (KEANGGOTAAN SEMULA) (PINDAAN DALAM AGM-88 PADA 29.06.2019)	RM100.00				.		
AGIHAN CARUMAN BULANAN	AMAUN (MIN)	TAWARAN ANDA (RM)					
1. YURAN BULANAN (WAJIB)	RM 50.00 sebulan				.		
2. SAHAM (WAJIB-RM100.00)(MAX-RM1,000.00)	RM100.00	1	0	0	.	0	0
Tambahan RM <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="."/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="button" value="Pilihan"/>	RM <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="."/> <input type="text" value=""/> <input type="text" value=""/>				.		
	Potongan <input type="text" value=""/> <input type="text" value=""/> bulan				.		
3. INSURANS KELOMPOK (WAJIB)	RM 40.00 sebulan		4	0	.	0	0
i. Individu <input type="text" value="MIN 40.00 -MAX RM100.00"/>					.		
ii. Isteri <input type="text" value="MIN 40.00 -MAX RM100.00"/>					.		
iii. Anak bawah <input type="text" value="MIN 40.00 -MAX RM100.00"/>					.		
4. TABUNG KEBAJIKAN ANGGOTA	RM 2.00 sebulan			2	.	0	0
5. SIMPANAN KHAS (PILIHAN)	RM 10.00 sebulan				.		
JUMLAH CARUMAN BULANAN					.		

BIL.	NAMA KOPERASI / PERTUBUHAN / TEMPAT BERHUBUNG	BAKI HUTANG & TARIKH SELESAI	MASIH ANGGOTA / SEBAB BERHENTI

***D. PENCADANG DAN PENYOKONG HENDAKLAH TERDIRI DARI ANGGOTA KOPERASI**

PENCADANG	PENYOKONG
NAMA :	NAMA :
NO ANGGOTA KOPERASI :	NO ANGGOTA KOPERASI :
NO TELEFON :	NO TELEFON :
NO AKAUN :	ALAMAT PEJABAT :
ALAMAT PEJABAT :	
TANDATANGAN :	TANDATANGAN :
EMAIL :	
TARIKH :	TARIKH :

E. IKRAR/PENGAKUAN/AQAD

- 1 Saya bersetuju mematuhi Undang-Undang Kecil dan Peraturan Koperasi ini sekiranya permohonan menjadi anggota saya diterima.
- 2 Saya membenarkan Majikan / Ketua Jabatan saya memotong gaji bulanan saya untuk bayaran kepada Koperasi seperti yang diagihkan di atas atau mengarahkan Bank saya membuat bayaran tetap bulanan kepada Koperasi atau menghantar sendiri bayaran tetap setiap bulan kepada Koperasi.
- 3 Saya membenarkan wang /yuran /saham /simpanan / pertaruhan (Alwadih) / pelaburan / perkongsian (Al Musyarakah) saya ditadbir oleh Koperasi untuk urusan perniagaan / rancangan / skim dan lain-lain yang difikirkan perlu oleh Koperasi untuk faedah dan kebaikan bersama.
- 4 Saya berjanji akan membantu Koperasi ini untuk menegakkan sistem Muamala Islam dan akan meninggalkan perkara-perkara yang bercanggah dengannya sedaya upaya.
- 5 Saya mengaku bahawa segala maklumat di atas benar dan dibuat dengan penuh kerelaan.

***Tandatangan Pemohon**

***Saksi**

Nama : _____

No K/P : _____

Tandatangan : _____

***Tarikh**

***Saksi**

Nama : _____

No K/P : _____

Tandatangan : _____

URUSAN PEJABAT

KEANGGOTAAN PERMOHONAN ANDA DILULUSKAN / TIDAK DILULUSKAN	KOD NEGERI	KOD STESEN	NO ANGGOTA KOPERASI	BULAN KUATKUASA POTONGAN	TAHUN

TARIKH

SETIAUSAHA KEHORMAT

GROUP MUTIARA PLUS TAKAFUL- APPLICATION FORM

Etiqa Takaful Berhad ("Etiqa Takaful") is licensed under the Islamic Financial Services Act 2013 to transact both family and general Takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Before you sign this Application Form, please read the IMPORTANT NOTICE and if you require, obtain a full and detailed explanation of the notes mentioned in the IMPORTANT NOTICE.

IMPORTANT NOTICE

1. In this application form, unless stated otherwise, the words "I/we, you/your, me/us and my/our" means Participant/Person Covered wherever applicable.
2. In accordance with the requirements of Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, you must answer all questions and make the required declarations in this application, and these answers and declarations must be accurate and complete.
3. You must notify Etiqa Takaful in writing should there be a change to any answer or declarations in this application, prior to the date of issuance of the certificate of Takaful.
4. Acceptance of your application shall be subject to underwriting assessment. Cover will commence upon issuance of the certificate.
5. Please notify the Takaful Intermediary or Etiqa Takaful of any change in your correspondence address and contact details including the amendments to nominee(s) and/or executor(s), to enable Etiqa Takaful to effectively communicate with you.
6. Please contact Etiqa Takaful's Customer Contact Centre if you do not receive the certificate after thirty (30) business days upon the submission of this application and all supporting documents.
7. Please ensure you receive Etiqa Takaful's official receipt within a reasonable time but not less than thirty (30) calendar days, failing which you should contact Etiqa Takaful. It is important to retain the official receipt as proof of contribution payment.
8. Please provide evidence of age (such as a copy of your NRIC) together with this application, as it is a pre-requisite for payment of Takaful benefits. If age is misstated, the benefits, the surplus distributed (if any), the contributions, or the expiry date of the certificate may be varied.
9. Please ensure that the Takaful Intermediary presents and fully explains the recommended plan in the language that you understand, and provides you with the product disclosure sheet for your consideration. Please seek clarification from the Takaful Intermediary should you not understand any of the terms and conditions therein.
10. If anyone induces or attempts to induce you to terminate your existing certificate, please report to Etiqa Takaful's Customer Contact Centre immediately.
11. If you have an enquiry or require further information, please contact Etiqa Takaful's Customer Contact Centre via e-mail at info@etiqa.com.my or by calling 1-300-13-8888 from Malaysia. If you have a complaint, dispute or feedback, please contact Etiqa Takaful's Complaints Unit via e-mail at cmu@etiqa.com.my, by calling 1-300-13-8888 within Malaysia or +603-2780-4500 from overseas, by facsimile to +603-2785-3093, or by post to Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
12. The Consumer Education Programme is available at www.insuranceinfo.com.my. If you are dissatisfied with the conduct of Etiqa Takaful, you may refer to Bank Negara Malaysia via e-mail at bnmtelexlink@bnm.gov.my, by calling +603-2698-8044, by facsimile to +603-2693-4051, or by post to BNMTELELINK, Jabatan LINK & Pejabat Wilayah, Tingkat 13C, Bank Negara Malaysia, P.O.Box 10922, 50929 Kuala Lumpur. If you dispute a decision made by Etiqa Takaful, you may refer to the Financial Mediation Bureau via e-mail at enquiry@fmb.org.my, by calling +603-2272-2811, by facsimile to +603-2272-1577, or by post to Level 25, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.

INSTRUCTIONS: Please complete in full and in CAPITAL LETTERS and tick (✓) boxes as appropriate. Use BLACK ink only.

*Mandatory fields to be completed

A: PERSONAL DETAILS OF PRINCIPAL PERSON COVERED ONLY			
Language for Correspondence	<input type="checkbox"/> Bahasa Malaysia		<input type="checkbox"/> English
*Master Contract No. / Name of Contract Holder			
*Type of Application/Contribution	<input type="checkbox"/> New Application, RM _____ <input type="checkbox"/> Inclusion of Covered Member <input type="checkbox"/> Contribution Revision, from RM _____ to RM _____		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Dato' <input type="checkbox"/> Tan Sri <input type="checkbox"/> Datin <input type="checkbox"/> Puan Seri <input type="checkbox"/> Other <input type="checkbox"/> Ms <input type="checkbox"/> Datuk <input type="checkbox"/> Datuk Seri <input type="checkbox"/> Tun <input type="checkbox"/> Datin Seri <input type="checkbox"/> Toh Puan _____		
*Full Name (As per NRIC or Passport)			
*ID Type	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Other (please specify) _____		
*ID Type Number			*New NRIC Number
*Date of Birth			*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Marital Status	*Race	*Religion	
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____		
*Residential Address (with Postcode)	Town/City: _____ Postcode: _____ State: _____ Country: _____		
*Mailing Address (with Postcode), if different from Residential Address	Town/City: _____ Postcode: _____ State: _____ Country: _____		

*Telephone Number	Office:	House:	Mobile:	Fax:
E-mail		*Occupation (state the exact duty)		
Staff No.		Salary No.		
*Name of Employer:		*Nature of Business: (if self-employed)		
*Business/ Employer Address	Town/City:	Postcode:	State:	Country:
*Part Time Job (if any)				

B. PRINCIPAL PERSON COVERED'S BANK ACCOUNT* DETAIL FOR RECEIVING BENEFIT PAYMENTS AND REFUNDS OF CONTRIBUTION

Bank Name	
Bank Account Number	
Bank Branch Address	

*The Principal Person Covered's Bank Account must be maintained in Malaysia. In the case of an account outside Malaysia, please make a written request, providing account details to Etiqa Takaful. Etiqa Takaful reserves the right to agree or decline the request, and will advise you in writing. The Principal Person Covered must furnish a copy of the bank passbook or bank statement for verification of account details.

C: FOR PERSON COVERED (PRINCIPAL'S SPOUSE AND CHILD/CHILDREN) (IF ALSO APPLYING TO BE COVERED)

Type of Details	Spouse	Child 1
*Name (As per NRIC or Passport)		
*ID Type:	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____
*ID Type Number		
*New NRIC Number:		
*Date of Birth		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____
*Race		
*Religion		
*Marital Status		
*Occupation		
*Name of Employer		
*Nature of Business (if self employed)		
<input type="checkbox"/> *New Application: <input type="checkbox"/> Contribution Revision	RM _____ From: RM _____ to RM _____	RM _____ From: RM _____ to RM _____
Type of Details	Child 2	Child 3
*Name (As per NRIC or Passport)		
*ID Type:	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____
*ID Type Number		
*New NRIC Number:		
*Date of Birth		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____
*Race		
*Religion		
*Marital Status:		

*Occupation			
*Name of Employer			
*Nature of Business (if self employed)			
<input type="checkbox"/> * New Application: <input type="checkbox"/> Contribution Revision		Contribution: RM _____ Contribution: From: RM _____ To RM _____	Contribution: RM _____ Contribution From: RM _____ to RM _____

D: HEALTH DECLARATION (TO BE COMPLETED FOR SUM COVERED APPLIED ABOVE FREE COVER LIMIT)						
		Principal Person Covered	Spouse	Child 1	Child 2	Child 3
1	What is your current height (in cm)?	.....cm	.....cm	.....cm	.....cm	.....cm
2	What is your current weight (in kg)?	.....kg	.....kg	.....kg	.....kg	.....kg
3	Do you smoke? If yes how many sticks per day and how long have you been smoking?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Principal Person Covered:..... sticks/day for..... year(s) Spouse :..... sticks/day for .....year(s)	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever had, been diagnosed, or been treated, with an illness/disease/disorder/condition, directly or indirectly related to the following:					
	a) Cancer, tumor, cyst, abnormal lump/growth/swelling, leukemia, melanoma or lymphoma	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Heart, blood vessels, lymph, lymph glands (including coronary artery disease, heart attack, heart murmur, hypertension, high cholesterol, stroke)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Blood (including anemia, thalassemia, low platelet count, bleeding problems or any other blood disorder)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Lungs (including pneumonia, tuberculosis)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Gall bladder, liver, stomach, esophagus, bowel (including hepatitis B or C, blood in the stools, colitis, Crohn's disease)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Brain, nerves (including epilepsy, convulsions, seizures, fits, Parkinson's disease, multiple sclerosis, Alzheimer's disease, paralysis, involuntary tremors, psychiatric illness, dementia)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) Thyroid, pancreas, and endocrine glands (including diabetes, goiter, pancreatitis, hormone disorders)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h) Muscles, bones, joints (including gout, arthritis, rheumatism, prolapsed intervertebral disc, physical abnormality, physical dismemberment or disability)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i) Kidneys, bladder, urinary tract (including blood in the urine, abnormal levels of sugar or protein in urine, kidney stones, and for males, the prostate)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j) Immune system (including SLE - Systemic Lupus Erythematosus)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k) HIV, AIDS, sexually transmitted disease (including herpes, syphilis)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l) For males: prostate disease	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m) For females: breast, cervix, uterus, ovaries (including breast lump, carcinoma in situ, breast or ovarian cyst, fibroid)	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	In the past 5 years have you ever had or been advised to have or do you intend to undergo any investigations/ screening test including blood/urine tests?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you currently receiving/considering to seek any medical treatment/advise or in the past 5 years have you ever been referred to or admitted to a hospital or medical facility or ever undergone/been advised to undergo a surgery?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your answer is "yes" to any of the above questions, please provide the following details:

Name of Person Covered:.....

Diagnosis.....

Date.....

Treatment duration:.....

Type of treatment:.....

Attending doctor particulars:.....

Current condition:.....

7	Have any of your natural parents and/or siblings, ever suffered from or died as a result of diabetes, cancer, kidney disease, stroke or any other hereditary disease before the age of sixty (60) years? If yes, please provide details of diagnosis, age of onset, current age	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	if living, or age deceased.						
8.	Existing coverage Have you ever had an application, renewal or reinstatement of a Life Policy or Family Takaful contract, declined, postponed, rated or subject to special terms, if yes please provide details.	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

E: NOMINATION, PAYMENT OF TAKAFUL BENEFITS

IMPORTANT NOTES

Takaful

Pursuant to Section 142 of the Islamic Financial Services Act 2013 (Schedule 10), sets out that a Principal Person Covered who has attained the age of sixteen (16) years may assign the Takaful benefits to a nominee or designate the nominee to receive the Takaful benefits as a beneficiary under Conditional Hibah; or designate the nominee to receive the Takaful benefits as an executor.

Nomination of Executor

For a Muslim Principal Person Covered, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated and is responsible to distribute the benefits in accordance to Faraid law. Should anyone of the Executors predecease the Principal Person Covered, his/her portion shall be divided equally among the surviving Executors.

For a Non-Muslim Principal Person Covered, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated which is to be distributed according to the applicable law. Should any one of the Executors predecease the Principal Person Covered, his/her portion shall be divided among the surviving Executors in accordance with the applicable law.

Nomination of Beneficiary(ies) under Conditional Hibah

The Beneficiary(ies) is entitled to receive the Takaful benefits on the basis of Conditional Hibah(Gift). Conditional Hibah has the effect of transferring ownership of the Takaful benefits payable to the Beneficiary(ies) upon the death of the Principal Person Covered and shall not form part of the estate of the Principal Person Covered or be subject to his/her debts. Conditional Hibah, is however, a gift which the Principal Person Covered may revoke during his/her lifetime.

If the Beneficiary(ies) is incompetent at the point of claim payment, the Takaful benefits shall be paid to the parent of the incompetent nominee, and where there is no surviving parent of the incompetent nominee;

(i) if the Takaful benefits do not exceed fifty thousand ringgit, the Takaful benefits shall be paid to a proper claimant as defined in the Islamic Financial Services Act 2013; and

(ii) if the Takaful benefits exceed fifty thousand ringgit, the Takaful benefits shall be paid to the Public Trustee or a trust company nominated by the Principle Person Covered.

If the Beneficiary(ies) under Conditional Hibah predeceases the Principle Person Covered, the share of the deceased Beneficiary(ies), upon the death of the Principal Person Covered, shall be paid to the estate of the Principal Person Covered unless the Principal Person Covered has made a subsequent nomination in place of the deceased Beneficiary(ies).

Payment to the Beneficiary(ies) named herein shall discharge Etiqa Takaful from all obligations and liabilities under the Certificate.

No.	Option	Please tick one (1) only
1.	Nomination of Executor(s)	<input type="checkbox"/>
2	Nomination of Beneficiary(s) under Conditional Hibah	<input type="checkbox"/>

EXECUTOR / BENEFICIARY DETAILS

	Executor / Beneficiary I	Executor / Beneficiary II	Executor / Beneficiary III
*Name			
*Gender			
*ID Type (Old IC/ Birth Cert No./Army/ Police/ Passport No./ Others)			
*ID Type Number			
* New NRIC Number			
*Date of Birth (DD/MM/YYYY)			
Nationality			
Occupation (State the exact duty)			
Name of Employer			
Nature of Business (if self employed)			
*Relationship with Principle Person Covered			
* Share (%)			
Current/Savings Account Number			
Bank Name			
Residential Address			
*Mailing Address (if different from Residential address)			
*Telephone Number	Home: Office: Mobile:	Home: Office: Mobile:	Home: Office: Mobile:

Notes:

- * Mandatory fields to be completed.
- Nomination is allowed only if the Principal Person Covered is the Person Covered.
- Submission of a copy of the nominee (s) NRIC/Passport/Birth Certificate is/are encouraged.
- If there are more than 3 nominees, please submit an additional nomination form.
- The latest submission and endorsement of a nomination by the Etiqa Takaful will supersede any previous nomination made.
- Please inform your nominee about the nomination pursuant to this application.

F: CONSENT FOR MINOR PERSON COVERED (To be completed by the Parent / Legal Guardian if Person Covered is between 1 and 16 age next birthday)

I hereby give my consent for a takaful Certificate to be issued on the life of my child/ward and that he/she is the Person Covered of the takaful Certificate. I consent to the additional declaration to be given by my child/ward in any questionnaires relating to this application.

Name of Parent / Legal Guardian*: :

New NRIC:

Old IC/Passport.

Relationship with Child

Signature of Parent / Legal Guardian:

*Please submit legal documents showing proof as Legal Guardian.

G: DECLARATION / AUTHORISATION AND AQAD

Please read carefully before signing this application.

1. I/we am/are aware that I/we must answer all questions and declarations in this application, and that these answers and declarations are accurate and complete. I/we agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the Certificate, a claim not being paid or reduced, or the terms and conditions of the Certificate being changed.
2. I/we agree to notify Etiqa Takaful in writing should there be a change to any answers or declarations in this application, prior to the time that the contact is entered into, varied or renewed of the Certificate. I/we agree that failure to notify Etiqa Takaful of any such change, may result in voidance of the Certificate, a claim not being paid or reduced, or the terms and conditions of the Certificate being changed
3. I/We confirm that I/We fully understand that my/our answers and declarations in this application, and any other relevant documents completed by me/us in connection with this application and in any medical report, questionnaires, or amendments given thereto, shall be relied upon by Etiqa Takaful in deciding whether to accept my application or not.
4. I/We hereby authorise any physician, hospital, clinic, Takaful operator/insurance company, financial institution or any other organisation or company or person that has any records or knowledge about me/us, my/our financial standing or my/our health, to disclose to Etiqa Takaful or its representatives any or all information about me/us with reference to my/our family history and/or my/our financial standing and/or medical history before or after my/our death. I/We agree that a photocopy or facsimile of this authorization shall be considered as effective and as valid as the original and legally binding on anyone who takes over any of my/our legal rights.
5. Sum Covered applied up to Free Cover Limits only
I/We understand and agree that pre-existing condition will not be covered except for death benefit under this plan from the commencement date or reinstatement date, whichever is later.
6. Sum Covered applied above Free Cover Limits only
I/We understand and agree that the Takaful coverage I/we have applied for shall only take effect on the date of the TAKAFUL CERTIFICATE HAS BEEN ISSUED by Etiqa Takaful provided always that this application has been approved and that the full contribution has been received by Etiqa Takaful during my/our lifetime and that prior to or as at the date of commencement of the cover, there has been no alterations as to my/our health. If the initial contribution is paid via cheque, I/we understand that the Takaful coverage will only commence after the cheque has been cleared. Commencement Date starts from the contribution deduction month or the inclusion date of the Person Covered, whichever is later.
7. Personal Data Protection Act 2010 (PDPA)
I/We, agree, consent and allow Etiqa Takaful to process my/our personal data (including sensitive personal data) ('Personal Data') with the intention of entering into a contract of Takaful, in compliance with the provisions of the PDPA.
I/We, understand and agree that any Personal Data collected or held by Etiqa Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Takaful to individuals and/or organizations related to and associated with Etiqa Takaful or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.
I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Takaful branches or contact Etiqa Takaful via email at PDPA@etiqa.com.my. In accordance with the provisions of the PDPA, I/we may contact the Customer Service Centre at Etiqa Takaful Online at 1 300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.
Should I/we not provide an updated bank account for auto credit purposes to Etiqa Takaful (please refer Section B above), I/we consent that my account with Maybank Group may be utilised for the same purpose.
8. APPLICATION OF PRINCIPLES OF TAKAFUL
I/We agree to participate in this Group Takaful scheme based on the principle of Takaful. I/We agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I/we are entitled to the Takaful cover as expressed in the terms and conditions of this Takaful contract.
I/We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate) to Etiqa Takaful, as a deduction from contributions, to cover the expenses of managing and distributing the Group Takaful scheme.
I/We understand that at the end of each financial year, the underwriting surplus (if any) from the Participants' Risk Fund (PRF) will be determined by Etiqa Takaful. I/We agree that 50% of the distributed surplus (if any) will be paid to Etiqa Takaful as an incentive for operating and managing the PRF, and the balance of 50% will be shared amongst Persons Covered whose Certificates have not terminated and who have not made any claim within the financial year.
I/We agree to appoint Etiqa Takaful to manage the Participant's Investment Funds (PIF) according to the principles of Shariah, and that Etiqa Takaful will be paid an incentive fee for managing the performance, according to the following table:

Product Name	INCENTIVE FEE FROM INVESTMENT PROFIT IN PIF (where applicable)	
	Person Covered	Etika Takaful
Group Mutiara Plus Takaful		

We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00) it will be credited into a charity fund which will be utilized as 'amal jariah' on behalf of the participants.

I/we hereby declare, after reading and understanding the rules pertaining to the Plan above, that I/we would like to participate in the Plan and agree to abide to the rules of the Plan. I/we agree to pay RM_____ per month as contribution for the Plan and consent for _____ to deduct the same amount from my/our salary.

Signature of Person Covered _____	Date _____	Signature of Spouse _____	Date _____
Name of Person Covered: _____		Name of Spouse: _____	

Signature of Child 1 (if above 16 years) _____	Date _____	Signature of Child 1 (if above 16 years) _____	Date _____
Name of Child 1: _____		Name of Child 2: _____	

Signature of Child 3 (if above 16 years) _____	Date _____		
Name of Child 3: _____			

*Signature of Witness _____	Date _____		
Name: _____			
NRIC No: _____			

* Witness must be at least 18 years of age, of sound mind and can not be a named nominee

H: DECLARATION BY TAKAFUL INTERMEDIARY / SALES CHANNEL

In this section, "I" refers to the Takaful Intermediary / Sales Channel Officer.

- I hereby declare that the information contained in the application form is the only information given to me by the Person Covered and I have not withheld any other information which might influence the acceptance of this application.
- In compliance with the Anti-Money Laundering, Anti-Terrorism Financing, and Proceeds of Unlawful Activities Act 2001 and Islamic Financial Services Act 2013, I hereby confirm that I have sighted the Person Covered's original NRIC, birth certificate, or passport and verified by me at the point of sales.
- I hereby confirm that I have explained to the Person Covered the information contained in the product disclosure sheet.

Takaful Intermediary's/Sales Channel Officer's Signature	Name Takaful Intermediary/ Sales Channel Officer : _____ New NRIC No : _____ Takaful Intermediary's/ Sales Channel Officer's Contact No : _____ Date : _____
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FOR ETIQA TAKAFUL BERHAD'S USE ONLY

Date Received in Head Office:	
Monthly Contribution:	
Inclusion Date	Approved Date:
Reviewed by:	

Etika Takaful Berhad (1266263-D) Licensed under Islamic Financial Services Act 2013 & regulated by Bank Negara Malaysia
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Arkibumulan Maybank

Alamat Pejabat : No. 94, Wisma Kota Mas, Tingkat 3, Jalan Dato' Haji Eusoff
Kompleks Damai, 50400, Kuala Lumpur
Tel : 03-40427766 Fax : 03-40439071

BORANG PENAMA
{UUK 18(1) & (2)}

NO ANGGOTA (KOPERASI) : _____

Bagi mematuhi Undang-undang Kecil, Saya _____
No. K/P: _____ dengan ini menamakan wasi/penama/penama-penama seperti disebutkan
di bawah untuk menerima yuran simpanan atau apa-apa wang lain daripada Koperasi ini sekiranya berlaku
kematian ke atas diri saya.

Bagi anggota muslim dikehendaki seorang wasi sahaja.

Nama : _____

Alamat Rumah : _____

No. K/P S.B : _____ Tarikh Lahir : _____

Persaudaraan dengan anggota : _____

Bagi anggota bukan muslim seorang penama atau lebih.

1. Penama Pertama : _____

Alamat Rumah : _____

No. K/P S.B : _____ Tarikh Lahir : _____

Persaudaraan dengan anggota : _____ Pecahan Peratusan : _____

2. Penama Kedua : _____

Alamat Rumah : _____

No. K/P S.B : _____ Tarikh Lahir : _____

Persaudaraan dengan anggota : _____ Pecahan Peratusan : _____

Ditandatangani oleh saya _____ No. Anggota : _____

Dihadapan dua orang saksi (bagi anggota muslim dua orang saksi lelaki)

Saksi Pertama

Nama : _____

No Anggota (Koperasi) : _____

Alamat Pejabat : _____

Tandatangan : _____

Tarikh : _____

Saksi Kedua

Nama : _____

No Anggota (Koperasi) : _____

Alamat Pejabat : _____

Tandatangan : _____

Tarikh : _____