

FEMINA SPECIAL CONTRACT OF TAKAFUL APPLICATION FORM

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

INSTRUCTIONS: Before you provide answers and the declaration in this Application Form, please read the following IMPORTANT NOTICE.

IMPORTANT NOTICE:

- In this application form, the words "I", "you", "your", "me" or "my", means the Applicant unless the section instructions indicates otherwise.
- Pursuant to Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful wholly for the purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Application Form. You must answer all questions in this Application Form fully and accurately.
- In addition to answering the questions in this Application Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.
- Please seek clarification from the agent should you not understand any of the terms and conditions, which relate to the benefits and your duties under the contract of takaful.
- You may nominate a person as beneficiary to receive the money to be paid under the Certificate at the time when you applied for the Personal Accident Certificate or at any time after the Certificate is issued. You should ensure that your nominee is aware that he/she has been nominated for the Certificate that you have purchased. You can obtain a copy of the nomination form from our agent or visit our website at www.etiqa.com.my and submit the duly completed form to our nearest branch.
- Please notify the agent or Etiqa Takaful of any change in your correspondence address, or other contact details. If you have an enquiry or require further information, please contact Etiqa Online by calling 1300 13 8888 or +603 2297 3888, or write to Etiqa Takaful Berhad (266243D), Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, or by facsimile to +603 2297 3800, or e-mail at info@etiqa.com.my
- If you have a complaint, dispute or feedback in connection with this application, please contact Etiqa Takaful's Complaints Unit via e-mail at cmu@etiqa.com.my, by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to +603 2785 3093, or by post to Complaints Management Unit, Level 20, Tower B, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
- If you are dissatisfied with the conduct of Etiqa Takaful, you may refer to Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, by calling 1300 88 5465, by facsimile to +603 2174 1515, or by post to Director, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur. If you dispute a decision made by Etiqa Takaful, you may refer to the Ombudsman for Financial Services via e-mail at enquiry@ofs.org.my, by facsimile to +603 2272 1577, or by post to Chief Executive Officer, Ombudsman for Financial Services (Formerly known as Financial Mediation Bureau) Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
- Consumer education programmes on General Takaful and related topics are available on www.insuranceinfo.com.my
- Please answer the form in black ink using block letters or ticking one (1) of the options, as is applicable.

INSTRUCTIONS: Please answer all questions in Section A.

A. INDIVIDUAL DETAILS

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Datuk Seri <input type="checkbox"/> Datuk <input type="checkbox"/> Dato' <input type="checkbox"/> Tan Sri <input type="checkbox"/> Tun <input type="checkbox"/> Other <input type="checkbox"/> Ms <input type="checkbox"/> Datin Seri <input type="checkbox"/> Datin <input type="checkbox"/> Dr <input type="checkbox"/> Puan Sri <input type="checkbox"/> Toh Puan _____						
Name <i>(As per NRIC/Passport)</i>							
Date of Birth <i>(dd/mm/yyyy)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
ID Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Other _____ <input type="checkbox"/> Old Identity Card						
ID Number							
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other _____						
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____						
Occupation	<input type="checkbox"/> Manager/Senior Executive <input type="checkbox"/> Pensioner <input type="checkbox"/> Self-employed <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Officer/Executive <input type="checkbox"/> Business Owner <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Teacher/Lecturer <input type="checkbox"/> Clerical <input type="checkbox"/> Other _____						
Nature of Self Employment							
Mailing Address							
	Town/City			Postcode			
	State			Country			
Telephone Numbers	Mobile		House		Office		
Email Address							

INSTRUCTIONS: Where you are a registered person or entity under the Goods And Services Tax (GST) Act, please complete Section B.

B. GOODS AND SERVICES TAX (GST) DETAILS

1. GST Registration Number	<input type="text"/>	2. Date Of Registration (dd/mm/yyyy)	<input type="text"/>
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INSTRUCTIONS: Please provide details of the Covered Person in Section C.

C. TAKAFUL RISK DETAILS

1. Period of Takaful (dd/mm/yyyy)	From <input type="text"/>	To <input type="text"/>						
2. Coverage required	Please tick <input checked="" type="checkbox"/> <table border="1"> <thead> <tr> <th>Age Band</th> <th>Yearly Contribution (RM)</th> </tr> </thead> <tbody> <tr> <td>18 years – 40 years</td> <td><input type="checkbox"/> 265.00</td> </tr> <tr> <td>41 years – 60 years</td> <td><input type="checkbox"/> 485.00</td> </tr> </tbody> </table>		Age Band	Yearly Contribution (RM)	18 years – 40 years	<input type="checkbox"/> 265.00	41 years – 60 years	<input type="checkbox"/> 485.00
Age Band	Yearly Contribution (RM)							
18 years – 40 years	<input type="checkbox"/> 265.00							
41 years – 60 years	<input type="checkbox"/> 485.00							
3. Under Schedule 10 of the Islamic Financial Services Act 2013 a Participant who has attained the age of 16 years may nominate a natural person to receive certificate moneys payable upon his death.	Does the Applicant wish to make a nomination? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the Nomination Form as provided together with the certificate document.							

D. OTHER INFORMATION

1. Have you been told to have been diagnosed with treated for, for any cancer, tumor, abnormal lump, growth, swelling, leukimia, melanoma, lymphoma or similar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please provide details of your immediate family (living or deceased), who have suffered or died before the age of 65 from Cancer.	Father <input type="checkbox"/> Yes <input type="checkbox"/> No Mother <input type="checkbox"/> Yes <input type="checkbox"/> No Siblings <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any Takaful Operator/Insurance company ever declined your application or imposed special terms or cancelled or refused to renew your certificate/policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details of type of takaful/insurance declined, date of declination and reason given. _____

E. IMPORTANT INFORMATION ON THE PURCHASE OF MEDICAL/HEALTH TAKAFUL (MHT)

Before proceeding to purchase any Medical and Health Takaful (MHT) product, You should ensure that basic and important features of the product have been disclosed to You and that You understand the information disclosed.

You are advised to seek explanation from our Agent Customer Service to help You with the following questions

- What are the basic and salient features of Medical and Health Takaful in general
- What are the basic and salient features of the product proposed to You?

It is best for You to have all the information needed to make an informed decision. You should satisfy yourself that the product proposed to You will best serve Your needs and that the contribution payable is an amount You could afford.

NO	CHECKLIST	PLEASE TICK (✓)
a	Please refer to the booklet on "Medical and Health Takaful" issued by Bank Negara Malaysia for basic information on MHI.	<input type="checkbox"/>
b	Check and understand the important features of this product in Benefit Illustration and Information Sheet.	<input type="checkbox"/>
c	Note the availability of the details of important features of the plan in other avenue.	<input type="checkbox"/>
d	Information on the Takaful Operator including the name and address of the Takaful Operator.	<input type="checkbox"/>
e	Product description describing the plan and its main objectives and purposes, benefits payable under the Certificate and significant medical or technical exclusions or restrictions applicable.	<input type="checkbox"/>
f	Identify and understand the limit of the benefits pre-existing conditions, specific illness and qualifying period and the relevant periods applicable.	<input type="checkbox"/>
g	Amount of contribution payable and the payable term. For yearly renewable Certificate, whether Certificate renewal is guaranteed	<input type="checkbox"/>
h	Possible conditions that would lead the following scenarios on Certificate renewals: <ul style="list-style-type: none"> • a Certificate is renewed with an increased contribution • a Certificate is not renewed 	<input type="checkbox"/>

i	Understand the nature and extent of the Insurer's right to review and revise the contribution payable, and the notice to be given by the Insurer in the event of any revision.	<input type="checkbox"/>
j	Understand the implications of switching Certificate from one Insurance Company or Takaful Operator to another or transferring from one insurance or takaful plan to another that may cause subject to underwriting, provisions, conditions and exclusions whichever applicable.	<input type="checkbox"/>
k	A "Cooling off Period" of 15 days will be given to You to review the suitability of the newly purchased Certificate. If You return the Certificate to Us during this period, contribution will be refunded after the deduction of expenses, if any.	<input type="checkbox"/>
l	We have a right to repudiate liability in the event of Your failure to disclose relevant information in the proposal form that would affect the decision of the Takaful Operator to accept or reject the risk, and on the contributions and terms to be applied to the Certificate on You.	<input type="checkbox"/>

F. INFORMATION SHEET

This information sheet provides a summary of the main features of the above product for illustration purposes and does not constitute a contract of Takaful. Certificate owners are advised to refer to the Certificate document for full details of the product terms and conditions including those outlined below.

Terms of issue

1. The renewability of the Certificate is not guaranteed and is subject to the Takaful Operator's discretion and depending on the Participant satisfying the terms and conditions as set forth in the Certificate upon renewal.
2. This is a yearly renewable Certificate and contribution rates are not guaranteed and may be increased or varied by the Takaful Operator upon renewal of the Certificate based on the attainment of age forty one (41) or the Takaful Operator's portfolio claims experience in this class of business.
3. The Takaful Operator has the right to void the Certificate in the event the Participant failed to disclose relevant information that would effect the Takaful Operator's decision to accept or reject the risk, and on the contribution and terms to be applied on the Participant.
4. The Participant has the right to withdraw from the scheme at any point of time subject to written notification submitted to the Takaful Operator.

Has the Agent explained to You on the following for this plan? (Please tick)

a	Major Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Indicative Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Waiting period of at least 30 days to qualify for any benefit except caused by Accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Exclusion on the Pre-existing Illnesses	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Waiting Period for Specified Illnesses occurring during the first 120 days of continuous cover from the effective date of the Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Waiting Period of 9 months for Family Prosperity Bonus benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	Survival Period of 30 days from the date of the said diagnosis of female cancer under the Female Cancer benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Please refer to the Takaful Certificate for the full details.

INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund of contribution or claims, if any.

G. BANK ACCOUNT DETAILS FOR CREDITING ANY REFUNDS OR CLAIM PAYMENT

Bank Name			
Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	
Account Number	<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"/> <input type="text"/> <input type="text"/>		
Name as used for Account			

INSTRUCTIONS: Please provide us your credit card or cheque details for payment of contribution. Please only select one (1) option.

H. PAYMENT METHOD

I wish to pay my contribution RM Payment date / /

- By: Cash
 Cheque (Please cross the cheque and made payable to 'Etiqa Takaful Berhad')

Bank	Cheque Number	Cheque Date	Amount (RM)

- Credit Card

Cardholder's Name

- Visa Master Card

Card Number

Credit Card Expiry Date / (mm/yy)

INSTRUCTIONS. Please confirm your agreement to the following declarations by signing below. All declarations are mandatory except item 11 below where you must select the option to agree (Yes) or disagree (No)

I. DECLARATIONS

1. I have read and understand the contents of the application, including all notices therein.
2. I understand and agree that the contract of takaful that I have applied for shall only take effect on the date the contract of takaful has been issued by Etiqa Takaful. I understand that the contract of takaful will only be issued following the assessment by Etiqa Takaful, and provided that the full contribution has been received by Etiqa Takaful. I understand that if the initial contribution is paid by cheque, the contract of takaful will only take effect once the cheque has been cleared.
3. I understand that failure to take reasonable care in answering the questions may result in avoidance of my contract of takaful, refusal or reduction of my claim(s), change of terms or termination of my contract of takaful.
4. I understand that the above duty of disclosure shall continue until the time my contract of takaful is entered into, varied or renewed with Etiqa Takaful.
5. I understand that I have a duty to tell Etiqa Takaful immediately that this contract of takaful has been entered into, varied or renewed, whether any of the information given in this application is inaccurate or has changed.
6. I agree to notify Etiqa Takaful of any change in my occupation and personal pursuits (example hobbies, sport activities) which would affect the risk profile during the period of takaful.
7. I confirm that the agent has fully explained the terms and conditions of the contract of takaful in a language that I understand and has presented and provided me with a product disclosure sheet.
8. I agree that any payment by Etiqa Takaful to the account details provided by me in Section G of this application, will be deemed as full payment and Etiqa Takaful shall be released and fully discharged from further liability and demand in relation to the payment. I confirm that the bank account details in Section G is active and maintained in Malaysia.
9. I understand that contributions will be subjected to relevant charges or taxes, including Goods & Service Tax, as deemed necessary by the Malaysian tax authorities.
10. I agree to participate in this General Takaful scheme based on the principle of Takaful. I agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I am entitled to the Takaful cover expressed in the terms and conditions of this Takaful contract.

I agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet) to you, as a deduction from contributions, to cover the expenses of managing and distributing the General Takaful scheme.

I understand that at the end of each financial year, the underwriting surplus (if any) from the General Takaful Fund will be determined by Etiqa Takaful. I agree that 50% of the distributed surplus (if any) will be paid to you as an incentive for operating and managing the General Takaful Fund, the balance of 50% will be shared amongst participants whose certificates have not terminated and who have not made any claim within the financial year.

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

11. PERSONAL DATA PROTECTION ACT 2010

I agree to allow Etiqa Takaful to process my personal data, including sensitive personal data, with the intention of entering into a contract of takaful in compliance with the provisions of the Personal Data Protection Act 2010.

I agree that any personal data collected or held by Etiqa Takaful, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa Takaful to individuals or organizations related to and associated with Etiqa Takaful, or any selected third parties (within or outside Malaysia, including medical institutions, retakaful, claim adjusters, claim investigators, solicitors, industry associations, regulators, statutory bodies, and government authorities), for the purpose of processing this application, providing subsequent service related to it, and to communicate with me for such purposes.

I understand that I have a right to obtain access to, and to request correction of any personal data held by Etiqa Takaful concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa Takaful branches or contacting Etiqa Takaful via email at PDPA@etiqa.com.my. I understand that in accordance with the provisions of the PDPA, I may contact the Customer Service Centre at Etiqa Online 1300 13 8888 for the details of my personal data and that such information shall only be granted upon verification of my identification.

I agree that Etiqa Takaful share my personal data within the Maybank Group and selected third parties, as Etiqa Takaful deems fit, and I may receive marketing communication from Etiqa Takaful or from these other third parties about products and services that may be of interest to me.

Yes No

Signature of Applicant

Date

FOR OFFICE USE

HQ/Branch Name		Sales Channel Code	
Channel		Sales Channel Name	