

PROPOSAL FORM

FOREIGN WORKERS TAKAFUL GUARANTEE (IG) *Indemnity Form to be completed and signed

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).

Important Notice

Pursuant to Paragraph 4(1) of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of Takaful, refusal or reduction of your claim(s), change of terms or termination of your contract of Takaful.

The above duty of disclosure shall continue until the time your contract of Takaful is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of Takaful has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

Basic Information

Company Name			
Company Registration No.		Date of Company Registration:	No. of Years in Business:
GST Tax Details (If applicable)	Registration No.	GST Tax Registration Date	
Occupation/ Nature of Business			
Contact Details	Phone	Mobile:	House:
	Fax No.		Email
Address	Postcode:	Town:	State:
Bank Account Details (Current or Savings Account)	Bank Name		
	Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings
	Account Number	Account Effective Date	
		<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Certificate Information

Period of Coverage	From (dd/mm/yyyy):	To (dd/mm/yyyy):
Employer's Name (If different against proposer's name)		
Address of Employment of Worker (If different against proposer's address)		
Postcode	Town	State
Sectors / Nature of Business: (please tick (✓) whichever is applicable)		
<input type="checkbox"/> Commerce	<input type="checkbox"/> Construction	<input type="checkbox"/> Fishery
<input type="checkbox"/> Mining	<input type="checkbox"/> Plantation	<input type="checkbox"/> Public Utilities
<input type="checkbox"/> Forestry	<input type="checkbox"/> Services	<input type="checkbox"/> Transport
<input type="checkbox"/> Hunting	<input type="checkbox"/> Animal Farming/Livestock	

Employee/ Worker to be covered *

Please attach a separate listing and comprising of the following information if employee/ worker is more than one:

Name of Worker	Passport No.
Nationality	Date of Birth
Gender	
Nature of Work	
Insured for: (please tick (✓) whichever is applicable)	
<input type="checkbox"/> Calling Visa	<input type="checkbox"/> Special Application
<input type="checkbox"/> Permit Renewal* Kindly provide the following details are mandatory):	
*Permit No.	*Permit Expiry Date

Dependant Information for each respective employee (at their home country)

Please attach a separate listing and comprising of the following information if employee/ worker is more than one:

Full Name of Dependant	
Date of Birth	Age
Relationship	
Address	

IMMIGRATION STATE / OFFICE (IG to be submitted):

Please attach a separate listing and comprising of the following information if employee/ worker is more than one:

<p>▪ Period of Guarantee: (please tick (✓) whichever is applicable)</p> <p> <input type="checkbox"/> 18 months <input type="checkbox"/> 26 months <input type="checkbox"/> 30 months <input type="checkbox"/> 36 months </p>			
<p>▪ Insurance Guarantee Amount (as per Immigration Department requirement): (please tick (✓) whichever is applicable)</p> <p> <input type="checkbox"/> RM 250.00 Indonesia/Thailand/Cambodia <input type="checkbox"/> RM1,000.00 Philippine <input type="checkbox"/> RM 500.00 Bangladesh </p> <p> <input type="checkbox"/> RM 750.00 India/Pakistan/Myanmar/Nepal <input type="checkbox"/> RM1,500.00 Vietnam/China <input type="checkbox"/> Others _____ </p>			

DECLARATION

1. I/We hereby declare that the information given is true and complete to the best of my/our knowledge and believe that all material information affecting the assessment of this application have been disclosed.
I/We understand that this Takaful cover will not be enforced until and unless this proposal has been accepted by Etiqa Takaful

2. I/We, the proposer, having requested Etiqa Takaful Berhad to furnish a Takaful's Guarantee (Letter of Guarantee) to the Immigration Department in accordance with the information contained in this application, agree to fully indemnify Etiqa Takaful Berhad against any loss they may incur by reason of their issuing such guarantee.

3. We, agree, consent and allow Etiqa Takaful to process my 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 Personal Data Protection Act 2010.
I/We, understand & agree that any Personal Data collected/ 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 & 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 PDKA@etiqa.com.my. In accordance with the provisions of the Personal Data Protection Act 2010, I/we may contact the Customer Service Centre at Etiqa Online at 1300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.

4. I/We agree to participate in this General 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 & with this contribution, I/We are entitled to the Takaful cover expressed in the terms & 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 You, as a deduction from contributions, to cover the expenses of managing and distributing the General Takaful scheme.
I/We understand that at the end of each financial year, the distributed surplus (if any) from the General Takaful Fund will be determined by Etiqa Takaful. I/We 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/We 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.

5. Please provide Etiqa Takaful with bank account details so that Etiqa Takaful can credit a refund of contribution, or payment of claims or Takaful benefits, if any. Please ensure that the account is active and belongs to the Certificate holder.

- Account Holder's Name
- Bank Name
- Current / Savings Account Number

Should I/we not provide an updated bank account for auto-credit purposes to Etiqa Takaful, I/we consent that my account with Maybank Group may be utilized for the same purpose.
I/We agree that where payment has been made, based on the Auto Credit account details provided in this application, such payment will be deemed as full payment and Etiqa Takaful shall be discharged from any existing and future claim and demand in relation to it.

Signature of Applicant / Company's Stamp Date:

DOCUMENT CHECKLIST

To be completed by Intermediaries

NO	DOCUMENT	DOCUMENT AVAILABILITY	
		Yes	No
1.	Duly Completed Proposal Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	Full particular of worker and dependant if more than one (1) worker	<input type="checkbox"/>	<input type="checkbox"/>
3.	Passport copy / Permit Copy	<input type="checkbox"/>	<input type="checkbox"/>
4.	Letter of Indemnity /Form 24 & 49/ Borang A & D / Form 9 /	<input type="checkbox"/>	<input type="checkbox"/>
5.	Copies of Identity Card of – Guarantors/ Witnesses	<input type="checkbox"/>	<input type="checkbox"/>
6.	Maximum sum covered per letter of Guarantee (RM25,000) / Maximum per Employer (RM500,000)	<input type="checkbox"/>	<input type="checkbox"/>

Note: This list is not exhaustive, additional requirement may be required if deemed necessary.

For Office Use Only

Source		Channel	
Sales Channel Name		Sales Channel Code	
FE Name and PF No.		LG Name and PF No.	