

Certificate No : -

	PERSON COVERED		PARTICIPANT	
	Yes	No	Yes	No
3. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently receiving/considering to seek any medical treatment/advise or in the past 5 years ever been referred to or admitted to a hospital or medical facility or ever undergone/been advised to undergo a surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 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) If yes, please provide details of diagnosis, age of onset, current age if living, or age deceased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had an application, renewal or reinstatement of a Life Policy or Family Takaful certificate, declined, postponed, rated or subject to special terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you have any medical, health or life Policy or Family Takaful certificate, with us or any other insurance company or Takaful operator? If yes, please provide details of all inforce policies or certificates and pending applications. If 'YES', please provide the company's name, date of plan's name and sum assured of insurance/Takaful coverage in column C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. If any answer to the above stated question is YES, please state question number and provide details below.

PERSON COVERED	PARTICIPANT

DECLARATION & AUTHORISATION

Please read carefully before signing this application.

- 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 the terms and conditions of the Certificate being changed.
- I/we agree to notify Etiqa Family Takaful Berhad in writing should there be a change to any answers or declarations in this health declaration Form, prior to the date of reinstatement/variation of the certificate. I/we agree that failure to notify Etiqa Family Takaful Berhad of any such change, may result in termination of the Certificate, a claim not being paid, or the terms and conditions of the certificate being changed.
- I/We confirm that I/we fully understand that my/our answers and/or statements given 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 thereto shall be an integral part of the certificate and that Etiqa Family Takaful Berhad will completely rely on them in deciding whether to accept my/our application or not.
- I/We hereby authorise any physician, hospital, clinic, insurance company/Takaful operator, financial institution or any other organization 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 Family Takaful Berhad 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 authorisation shall be considered as effective and valid as the original and legally binding on anyone who takes over any of my/our legal rights.
- I/We understand and agree that the Takaful coverage I/we have applied for shall only take effect on the date of the CERTIFICATE HAS BEEN REINSTATED OR VARIED by Etiqa Family Takaful Berhad provided always that this application has been approved and that the full payment of contribution has been received by Etiqa Family Takaful Berhad during my/our lifetime and that prior to or as at the date of commencement of the there has been no alterations as to my/our health. If the contribution is paid via cheque, I/we understand that the protection coverage will only commence after the cheque has been cleared.
- For investment sustainability only**
I/We hereby understand and agree that the transaction(s) of unit(s) shall be determined by the valuation of the unit price as of the Acceptance Date and subject to the receipt of this application by the Etiqa Head Office on its business day and by 1pm ("Day received"), otherwise the Acceptance shall mean the next business day from the Day Received. I/We also understand that Etiqa shall only accept and process this application if all required information(s) and document(s) have been fully satisfied.

I hereby acknowledge that I have read and understood the explanation regarding my certificate sustainability which will be or will not be impacted as per the quotation number _____ if I proceed to perform the transaction that has been selected.

Signed on this day : _____ / _____ / _____ (DD / MM / YYYY)

Signature of Person Covered	Signature of Participant	Signature of Witness
Name : _____	Name : _____	Name : _____
ID. No. : _____	ID. No. : _____	ID. No. : _____
Tel. No. : _____	Tel. No. : _____	Tel. No. : _____
Address : _____	Address : _____	Address : _____

For Office Use Only | Date & Time Received at MBB/ Branch (MANDATORY FOR INVESTMENT LINKED) | _____