

MEGA PA CONTRACT OF TAKAFUL APPLICATION FORM

Etiqa General Takaful Berhad ("Etiqa General Takaful") is licensed under the Islamic Financial Services Act 2013 to transact 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/ We", "you", "your", "me" or "My/ Our", 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 us 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 03 2297 3888, or write to Etiqa General Takaful Berhad (201701025031), Level 13, Tower B, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur, or by facsimile to 03 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 our Complaints Unit via e-mail at complaint_cmu@etiqa.com.my, by calling 1300 13 8888 within Malaysia or +603 2780 4500 from overseas, by facsimile to 03 2297 1919 , or by post to Complaints Management Unit, Level 6, Tower B, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
- If you are dissatisfied with our conduct, you may refer to Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, by calling 1300 88 5465, by facsimile to 03 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 us, 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.
- 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 (As per NRIC / Passport)					
*Date of Birth (dd/mm/yyyy)	<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"/> Old Identity Card <input type="checkbox"/> Other _____				
*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 _____				
*Specify Duties	<input type="checkbox"/> Administrative <input type="checkbox"/> Supervisory <input type="checkbox"/> Manual				
*Nature of Self Employment					
*Mailing Address					
	Town/City		Postcode		
	State		Country		
*Telephone Number	Mobile		House		Office

Email Address	
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* Mandatory fields to be completed

INSTRUCTIONS: Please provide risk details in Section B.

B. TAKAFUL RISK DETAILS Please tick (✓) where applicable.

1. Period of Takaful (dd/mm/yyyy)	From <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Covered Person	<input type="checkbox"/> Self Only <input type="checkbox"/> Self & Spouse <input type="checkbox"/> Self & Child(ren) <input type="checkbox"/> Self, Spouse & Child(ren)	
3. Type of Coverage	<input type="checkbox"/> Essential <input type="checkbox"/> Hospital Care <input type="checkbox"/> Crime Cover <input type="checkbox"/> Prime Shield	
4. Type of Plan	<input type="checkbox"/> Diamond Plan <input type="checkbox"/> Platinum Plan <input type="checkbox"/> Gold Plan <input type="checkbox"/> Silver Plan	

5. Details of Covered Person

Spouse

No	Name (As per NRIC / Passport)	NRIC / Passport No	Date of Birth (mm/dd/yyyy)	Gender	Nationality	Occupation
1				M / F		

Child(ren)

No	Name (As per NRIC / Passport)	NRIC / Passport No	Date of Birth (dd/mm/yyyy)	Gender
1				M / F
2				M / F
3				M / F
4				M / F
5				M / F

Age Limit:

- Spouse: Between 18 and 75 years.
- Child(ren): Between 45 days and up to 18 years, or 23 years, still studying full-time in a recognised institution of higher learning.

C. GENERAL INFORMATION

1. Have you or any person to be covered engage in significant manual labor or hazardous activities, or hazardous material or working at height or with voltage?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details. <hr/>
2. Are you or any person to be covered at present covered against Personal Accident with other Insurance Company / Takaful Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state the name of the Insurance Company/Takaful Operator and Sum Covered/Amount of Coverage. <hr/>
3. Have you or any person to be covered ever had their application for Personal Accident takaful been declined, cancelled, refused renewal or subjected to special term by another Insurance Company / Takaful Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details. <hr/>

4. Have you or any person to be covered ever made a claim on Personal Accident during the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details. _____
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D. NOMINATION

Under Schedule 10 of the Islamic Financial Services Act 2013 and 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.
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INSTRUCTIONS: Please provide us with your bank account details, for the purpose of crediting refund contribution or claims, if any.

E. 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.

F. PAYMENT METHOD

I wish to pay my contribution RM _____ Payment date / /

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

Bank	Cheque Number	Cheque Date	Amount (RM)

Credit Card Cardholder's Name _____ Visa Master
 Credit Card Expiry Date / (mm/yy)

INSTRUCTIONS. Please confirm your agreement to the following declarations by signing below. All declarations are mandatory except item 13 below where you must select the option to agree (Yes) or disagree (No)

G. DECLARATIONS

1. I/ We have read and understand the contents of the application, including all notices therein.
2. I/ We understand and agree that the contract of takaful that I/ We have applied for shall only take effect on the date the contract of takaful has been issued by Etiqa General Takaful. I/ We understand that the contract of takaful will only be issued following the assessment by Etiqa General Takaful, and provided that the full contribution has been received by Etiqa General Takaful. I/ We 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/ We understand that failure to take reasonable care in answering the questions may result in avoidance of My/ Our contract of takaful, refusal or reduction of My/ Our claim(s), change of terms or termination of My/ Our contract of takaful.
4. I/ We understand that the above duty of disclosure shall continue until the time My/ Our contract of takaful is entered into, varied or renewed with Etiqa General Takaful.
5. I/ We understand that I/ We have a duty to tell Etiqa General 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/ We agree to notify Etiqa General Takaful of any change in My/ Our occupation and personal pursuits (example hobbies, sport activities) which would affect the risk profile during the period of takaful.
7. I/ We understand that if I/ We am/ are covered under more than one Mega PA certificate, Etiqa General Takaful shall consider that I am covered under the certificate which was issued first or provides the greatest amount of benefit (where applicable). Etiqa General Takaful shall refund any inapplicable contribution payment which may have been made.
8. I/ We confirm that the agent has fully explained the terms and conditions of the contract of takaful in a language that I/ We understand and has presented and provided me with a product disclosure sheet.
9. I/ We understand that I/ We may nominate a person as beneficiary to receive the money to be paid under the certificate at the time when I/ We applied for the Personal Accident certificate or at any time after the certificate is issued. I/ We should ensure that My/ Our nominee is aware that he/she has been nominated for the certificate that I/ We have participated. I/ We can obtain a copy of the nomination form from the agent or visit the website at www.etiqa.com.my and submit the duly completed form to Etiqa General Takaful nearest branch.
10. I/ We agree that any payment by Etiqa General Takaful to the account details provided by me in Section E of this Application Form, will be deemed as full payment and Etiqa General 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 E are active and maintained in Malaysia.
11. I/ We understand that contributions will be subjected to relevant charges or taxes, as deemed necessary by the Malaysian tax authorities.
12. I/ We agree to participate in this General Takaful scheme based on the principle of takaful. I/ We agree to pay the contribution on the basis of 'Tabarru' (donation) for the purpose of mutual support of other participants and with this contribution, I/ We am/ are entitled to the takaful cover

expressed in the terms and conditions of the Takaful Certificate. Payment of sum covered to participants is payable from the General Takaful Fund (Fund) based on the concept of Tabarru'.

This scheme also applies the Wakalah (agency) concept, I/ We agree to appoint Etiqa General Takaful to act on My/ Our behalf to invest and manage the Fund. The Fund is collectively owned by the Participants where Tabarru' portion of the contribution is placed for the purpose of takaful. Accordingly, I/ We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet) to Etiqa General Takaful, as a deduction from contributions, to cover the expenses of investing and managing the Fund.

I/ We agree to authorize Etiqa General Takaful to delegate its rights, duties and obligations to any third party as Etiqa General Takaful deems fit for the purpose of achieving the objective to invest and manage the Fund, provided that, Etiqa General Takaful will remain liable and responsible for all such rights, duties and obligations towards Me/ Us.

I/ We understand that at the end of each financial year, the distributable surplus (if any) from the General Takaful Fund will be determined by Etiqa General Takaful and will only be payable for annual Certificate. The distribution, if any, makes allowance for contingency provisions, and is subject to the surplus policy approved by the Shariah Committee of Etiqa General Takaful. I/ We agree that fifty percent (50%) of the distributable surplus (if any) will be paid to Etiqa General Takaful for operating and managing the Fund, based on the contract of Ju'alah (wage), and the balance of fifty percent (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 automatically be credited into charitable fund which will be utilized as 'Amal Jariah' on behalf of the participants. The Fund will be distributed to eligible recipients as approved by Shariah Committee of Etiqa General Takaful for charitable purposes.

Definitions:

“**Tabarru**” means contribution, donation or gift. In relation to the Takaful contract, it means Contribution for the purpose of Takaful. This portion is placed in the General Takaful Fund.

“**Ju'alah**” is a wage contract. It is an exchange contract for a known or unknown task, that is difficult to precisely determine and for which payment is due only once the work has been completed. In relation to the Takaful Contract, it refers to the reward given to the Takaful Operator (EGTB) agreed upfront by the Participant and the Takaful Operator for good management of the fund.

“**Wakalah**” refers to a contract where a party, as principal authorizes another party as his agent to perform a particular task on matters that may be delegated with or without imposition of a fee. In relation to the Takaful Contract, it means that the Participant have appointed Etiqa General Takaful to invest and manage the General Takaful Fund on his/her behalf.

13. PERSONAL DATA PROTECTION ACT 2010

I/ We agree to allow Etiqa General Takaful to process My/ Our 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/ We agree that any personal data collected or held by Etiqa General Takaful, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa General Takaful to individuals or organizations related to and associated with Etiqa General 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/ We understand that I/ We have a right to obtain access to, and to request correction of any personal data held by Etiqa General Takaful concerning me. I understand that such request can be made by completing the Access Request Form available at all Etiqa General Takaful branches or contacting Etiqa General 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 General Takaful Online 1300 13 8888 for the details of My/ Our personal data and that such information shall only be granted upon verification of My/ Our identification.

I agree that Etiqa General Takaful share My/ Our personal data within the Maybank Group and selected third parties, as Etiqa General Takaful deems fit, and I may receive marketing communication from Etiqa General 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	