

APPLICATION FORM FOR INDIVIDUAL TAKAFUL

1. Personal Information : _____ **-1**

Applicant's Name : : ()

Date of Birth : :

Place of Birth : :

Nationality : :

Passport No. : :

Place and date of issue : :

Resident Permit No.: :

Date of issue : :

Sex : Male Female :

Marital Status : Single Married :

Widowed Divorced :

How many dependent ? :

Occupation : :

Mailing address : :

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Permanent address (If different from mailing address) ()

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Business phone No. : Fax : :

Home phone No. ~~0095~~ 0 0 0 ~~0095~~ :

2. Details of Takaful Policy : _____ **-2**

Name of Takaful Policy : :

Commencement Date: :

Duration : :

Currency : :

First installment amount: QR. :

Annual installment amount : QR..... :

Total Takaful amount: QR. :

Beneficiary : :

Signature : :

SELF-MEDICAL STATEMENT

Weight :

Height :

1. Have you ever suffered from, or are you at present suffering from any disease of the following;

	Yes	No	Remarks
▪ Heart Disease			
▪ Blood Disease or Pressure			
▪ Diabetes			
▪ Urine and Kidney Disease			
▪ Cancer			
▪ Tumor			
▪ Spinal Column Disease			
▪ Neurosis Disease			
▪ Have you been admitted into a hospital during the last three years			
▪ Have you Ever had an operation			
▪ Have you taking any medicine at the present.			
▪ Does your weight change more than 5kilos in the last 3 years.			

I, the undersigned declare that all the information provide herein is complete and true.

I herewith, give my consent to Qatar Islamic Insurance Co. to obtain any medical information from any doctor who has attended me at any time.

Signature:

Date: