



**HEAD OFFICE:** Syarikat Takaful Malaysia Keluarga Berhad (131646-K)  
 (Formerly known as Syarikat Takaful Malaysia Berhad)  
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**TAKAFUL mySME PARTNER  
 PROPOSAL AND DECLARATION FORM (FORM A)**

**Important Notes:**

1. Pursuant to Section 141 of the Islamic Financial Services Act 2013, you are obliged to answer all the questions required in this Takaful mySME Partner Proposal and Declaration Form and disclose any other matter that you know to be relevant to our decision in accepting the risk and determining the rates and terms to be applied, otherwise it will result in avoidance of contract, refusal of claims or change of terms. This duty of disclosure shall continue until the time the contract is entered into, varied or renewed. You are also obliged to take reasonable care not to make a misrepresentation in answering the questions and in making the disclosure.
2. You are advised to study the product disclosure sheet and marketing material (if applicable) in respect of the plan benefits and pay particular attention to the guaranteed and non-guaranteed benefits and your duties as a Master Certificate Owner. It is compulsory for Takaful Malaysia Sales Officer / Agent / Broker to provide a copy of the product disclosure sheet to you before you decide to participate in the plan.
3. You are at liberty to participate or not to participate in any of the several products covered by this Takaful mySME Partner Proposal and Declaration Form.
4. Proof of age is required prior to payment of benefits under the plan.
5. Acceptance of this proposal shall be subject to underwriting assessment and guidelines, or any other criteria that Takaful Malaysia at its discretion may impose from time to time. Upon receipt of completed document (including all additional documents arising from underwriting assessment (if any)), a certificate will be issued within thirty (30) days after your application to this proposal is accepted by Takaful Malaysia.
6. In accordance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 and related guidelines issued by Bank Negara Malaysia, the Company is required to verify the identity of its customers. In the event of insufficient proof of identification, it may result to non-acceptance of the proposal.

**INSTRUCTIONS:** Please complete this form in **CAPITAL LETTERS** and tick (✓) in boxes as appropriate. Use **BLACK INK** only.

**PART 1: COMPANY DETAILS**

Name of Employer

Business/ Company Registration No. 



 Type of Business

Address of Employer 



 Postcode

Authorised Contact Person & Designation (1)

Email Address 



 Tel No. 



 -

Authorised Contact Person & Designation (2)

Email Address 



 Tel No. 



 -

**PART 2: TAKAFUL BENEFITS**

Please tick (✓) the appropriate plan(s) or benefit(s) applied.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Group Medical Family Takaful</b>        | <input type="checkbox"/> <b>Group Term Family Takaful</b>  |
| <input type="checkbox"/> <b>Hospitalisation &amp; Surgical Care</b> | <input type="checkbox"/> <b>Death, Total and Permanent Disability, Partial Permanent Disability and Terminal Illness</b> |
| <input type="checkbox"/> <b>Outpatient Care</b>                     | <input type="checkbox"/> <b>Critical Illness</b>   |

**PART 3 : DETAILS OF THE COVERAGE AND PAYMENT**

i. Period of Takaful From

To Midnight

ii. Contribution is to be paid annually.

**FOR OFFICE USE ONLY**

<input type="checkbox"/> <b>TYPE OF APPLICATION</b> New Business	<input type="checkbox"/> <b>CHANNEL</b> Corporate Agent	<input type="checkbox"/> Corporate Direct
<input type="checkbox"/> Renewal Business	<input type="checkbox"/> Corporate Broker	<input type="checkbox"/> Others _____

**PART 4 : DECLARATION / CONSENT AND AQAD**

- i. I, to the best of my knowledge, hereby declare and confirm that the statements in this form are true and correct and I have not concealed, misrepresented or misstated any material fact.
- ii. Contribution & Charges  
I hereby appoint Takaful Malaysia under the Wakalah contract to manage and invest my contribution in the manner deemed fit by Takaful Malaysia in accordance with the Shariah. I hereby acknowledge and allow Takaful Malaysia to deal with my contribution in the following manner:
  - a. To deduct a certain percentage of the contribution as Wakalah Fee to Takaful Malaysia as stated in the Schedule of Wakalah Fee below; and
  - b. To credit the balance of contribution as Tabarru' to the Group Family Takaful Account ("GFTA").
- iii. Surplus and Deficit  
I hereby consent and acknowledge that any surplus arising from the GFTA will be determined and distributed at Takaful Malaysia's sole and absolute discretion. Distribution of surplus is not guaranteed and shall take into account the overall surplus position of the GFTA. The surplus will be distributed in form of Experience Refund to eligible Participants with good claims experience, where the Experience Refund amount (if any) distributed to each Participant shall depend on the overall claims experience of eligible certificates. Any undistributed surplus will then be kept in GFTA to provide for any unfavorable claims experience. There shall be no distribution of surplus to Takaful Malaysia. The eligibility criteria, and other terms and conditions of the Experience Refund are stated in the Quotation.  
If the GFTA is in deficit, and after having exhausted all available avenues, an interest free loan from Takaful Malaysia on Qardh will be taken. The Qardh will be repaid when the GFTA returns to surplus position and before any surplus is distributed.
- iv. Schedule of Wakalah Fee  
Wakalah Fee : 35% of contribution
- v. Treatment of Small Payment Amounts (for all plans)  
I hereby agree that Takaful Malaysia will donate any amount due and payable to me (other than for surplus distribution) which is less than Ringgit Malaysia Twenty Five (RM25.00) to charity as approved by its Shariah Advisory Body. However, if I decide otherwise, then I shall submit a formal request to Takaful Malaysia.
- vi. Evidence of Health  
Satisfactory evidence of health will be required for any sum covered above Free Cover Limit as defined in the Quotation or if the member's age next birthday exceeds 64 years (for Group Term Family Takaful). The acceptance terms will be determined by Takaful Malaysia after underwriting assessment. Takaful coverage for the Person to be Covered shall only take effect after approval by Takaful Malaysia.
- vii. I agree that all my personal information provided to Takaful Malaysia in this form is provided with my consent for it to be stored, processed and disclosed by Takaful Malaysia to third parties necessary for the further processing of this proposal and any claims which may occur. I understand that I may access, amend or limit processing of my personal information by contacting Takaful Malaysia's Customer Service Centre.
- viii. I acknowledge that all the terms and features of the product have been fully explained to me and I fully understand all the said terms and features.

**This aqad will form part of the takaful contract.**

Signed at : \_\_\_\_\_ at (dd/mm/yyyy) \_\_\_\_\_

**Authorized signature for and on behalf of the Company / Organization**

Witness's Signature \_\_\_\_\_ Signature \_\_\_\_\_  
 Witness's Name \_\_\_\_\_ Name \_\_\_\_\_  
 Witness's Designation \_\_\_\_\_ Designation \_\_\_\_\_



**Company / Organization Stamp**

**PART 5: DECLARATION BY TAKAFUL MALAYSIA'S SALES OFFICER / AGENT / BROKER**

- i. I hereby declare that all the information contained in this form is the only information given to me by the Proposed Master Certificate Owner and I have not withheld any other information which might influence the acceptance of this proposal by Takaful Malaysia.
- ii. I have provided to the Proposed Master Certificate Owner the product disclosure sheet together with this form.
- iii. I have not made any statement, representation or promise to the Person to be Covered / Proposed Master Certificate Owner which is contrary to and/or misrepresents the terms of the certificate. Furthermore, I have not acted or conducted myself in such a way that amount to misrepresenting the terms of the certificate.
- iv. In compliance with Section 16 (2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I confirm that:-
  - a. Where the person is an individual, I have sighted the original myKad or valid Passport and verified the identity and details of the Proposed Master Certificate Owner; or
  - b. Where the person is a corporate body / club / society / charity, I have sighted the original constituent and identified documents; and have verified the beneficial owners and details of the Proposed Master Certificate Owner.

Signed at : \_\_\_\_\_ at (dd/mm/yyyy) \_\_\_\_\_

Name	<input type="text"/>	Intermediary Code	<input type="text"/>
Handphone No.	<input type="text"/> - <input type="text"/>	Email Address	<input type="text"/>
Signature	<input type="text"/>	Office Address	<input type="text"/>

Note : In the event of a conflict of interpretation between the English version used and those translated into Bahasa Malaysia, the English version shall prevail.