

**HEAD OFFICE**

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TAKAFUL mySME PARTNER PROPOSAL AND DECLARATION FORM (FORM A)**Important Notes:**

- Pursuant to Schedule 9 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 Syarikat Takaful Malaysia Keluarga Berhad (which includes all its subsidiaries, related and/or associated companies collectively as the context requires) ("the Company") 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.
- 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 the Company's Sales Officer/ Agent/ Broker to provide a copy of the product disclosure sheet to you before you decide to participate in the plan.
- 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.
- Proof of age is required prior to payment of benefits under the plan.
- Acceptance of this application shall be subject to underwriting assessment and guidelines, or any other criteria that the Company 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 is accepted by the Company.
- 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 application.

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

PART A : DETAILS OF PROPOSED MASTER CERTIFICATE OWNER

1	Company / Organization Name (as registered)	
2.	Company / Organization Registration No.	3. Nature of Business
4	Company / Organization Correspondence Address	
		Postcode
5	Authorised Contact Person & Designation (1)	
	Email Address	Tel No.
6	Authorised Contact Person & Designation (2)	
	Email Address	Tel No.

PART B : DETAILS OF PLAN(S) APPLIED

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

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

PART C : DETAILS OF THE COVERAGE AND PAYMENT

i. Period of Takaful From

D	D
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M	M
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Y	Y	Y	Y
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 To Midnight

D	D
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M	M
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Y	Y	Y	Y
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ii. Contribution is to be paid annually.

FOR OFFICE USE ONLY

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

PART D : DECLARATION AND AQAD

1. I am aware that it is my pre-contractual duty of disclosure that I must exercise reasonable care not to misrepresent i.e to give false answers/information when answering any questions asked by the Company.
2. I have read and understood the contents of this Takaful *mySME* Partner Proposal and Declaration Form including all important notices therein and I have fully and accurately answered all of the questions in this Takaful *mySME* Partner Proposal and Declaration Form and other questions asked by the Company, if any, after having fully read and understood the questions.
3. I understand that the Takaful cover will not commence until this Takaful *mySME* Partner Proposal and Declaration Form has been officially accepted and a Takaful Certificate indicating cover has been issued.
4. I hereby declare, to the best of my knowledge and belief, that the statements made above together with all other documents submitted in connection herewith are true and complete.
5. I undertake to inform the Company of any changes to my health condition or to any Person to be Covered herein from the date of this declaration prior to the issuance of the certificate. Should I cancel this application, I hereby allow the Company to deduct any incurred medical expenses from my contribution.
6. I hereby consent and authorise the Company to seek medical information from any doctor, clinic, hospital or organisation that has records or information of my health and medical history. I irrevocably authorise any organisation, institution or individual that has any record or knowledge of my health and medical history or treatment or advice that has been or many hereafter be consulted, any personal information or detail of related illness/accident/injury, to disclose to the Company or its representatives such information. A photocopy of this authorisation shall be effective and valid as the original. The Company is entitled to use such information only for the purpose of this application, further application for takaful with the Company or conduct claims that I made; disclosure to be made to the Life Insurance Association of Malaysia/ Malaysia Takaful Association; Government or regulatory Authority; or by law; to any other insurance company, takaful operator to any authorised third parties who would require such information for the purpose of underwriting/claims/payment/decision.
7. I hereby confirm and declare that in the course of applying for the takaful herein, I have not made any statements and/or representations to the Company's Sales Officer/ Agent/ Broker which in the substance and/or fact differs in a material respect to the answers I have given in this Takaful *mySME* Partner Proposal and Declaration Form. I hereby confirm and declare that the Company's Sales Officer/ Agent/ Broker has not made any statement or done any act that has influenced me in any manner or form to answer question in this Takaful *mySME* Partner Proposal and Declaration Form incorrectly and/or untruthfully.
8. I agree to participate in this product and pay the contribution into the Group Family Takaful Account ("GFTA") based on tabarru'.
9. I authorise the Company based on wakalah to manage the GFTA and in return, the Company will receive thirty percent (30%) of the contribution as wakalah fee.
10. I also agree that a portion of distributable surplus arising from the GFTA will be distributed to eligible participants in the form of experience refund and any undistributed surplus will be kept in GFTA. If the GFTA is in deficit, an interest-free loan will be provided by the Company to the GFTA based on qard.

11. Treatment of Small Payment Amounts

I hereby agree that where any amount due and payable to me resulting from a refund/ surrender/maturity/ termination/claim that is to be made other than by way of electronic payment, such payment will only be made to me if the amount due and payable is Ringgit Malaysia Ten (RM10.00) and above. For any amount less than Ringgit Malaysia Ten (RM10.00), the Company will donate to charity.

12. I understand and agree that a Service Tax of eight percent (8%) will be imposed on contributions due and payable (including contributions paid by the employees) for this product.
13. I hereby acknowledge that the the Company's Sales Officer/ Agent/ Broker has explained the essential information on the major features of the product(s) selected to my satisfaction; and a copy of product disclosure sheet has been given to me by the the Company's Sales Officer/ Agent/ Broker.

14. Personal Data Protection Act (PDPA) 2010

I have read and understood the Privacy Notice made available in the Company's website at www.takaful-malaysia.com.my and I hereby consent for the Company and its appointed third party service providers to process my certificate application, claims and related services in the manner set out in the said Privacy Notice.

Marketing Consent

I hereby consent and authorise the Company and its appointed third parties to share and use my personal information for marketing and promotion of its products and services. If I wish to amend the marketing consent, I may opt in or opt out by completing the Endorsement Form.

Signed at : _____ at

D	D
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M	M
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Y	Y	Y	Y
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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 E : DECLARATION BY SALES OFFICER, AGENT, BROKER

1. I hereby declare that all the information contained in this Takaful *mySME* Partner Proposal and Declaration 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 application by the Company.
2. I have provided to the Proposed Master Certificate Owner the product disclosure sheet together with this Takaful *mySME* Partner Proposal and Declaration Form.
3. 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.
4. 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

D	D
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M	M
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Y	Y	Y	Y
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Name	<input style="width: 300px; height: 25px;" type="text"/>	Intermediary Code	<input style="width: 200px; height: 25px;" type="text"/>
Handphone No.	<input style="width: 100px; height: 25px;" type="text"/> - <input style="width: 200px; height: 25px;" type="text"/>	Email Address	<input style="width: 300px; height: 25px;" type="text"/>
Signature	<input style="width: 300px; height: 50px;" type="text"/>	Office Address	<input style="width: 300px; height: 50px;" 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