

GROUP MUTIARA PLUS TAKAFUL - MASTER APPLICATION FORM

Etiqa Family Takaful Berhad ("Etiqa Family Takaful") is licensed under the Islamic Financial Services Act 2013 to transact Family Takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Before you sign this application form, please read the IMPORTANT NOTICE. If you have an enquiry or require further information, please contact Etiqa Family Takaful's Customer Contact Centre via e-mail at info@etiqa.com.my or by calling 1-300-13-8888 from Malaysia.

IMPORTANT NOTICE

1. In accordance with the requirements of Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, you must answer all questions and make the required declarations in this application, and these answers and declarations must be accurate and complete. You must notify Etiqa Family Takaful in writing should there be a change to any answers or declarations in this application, prior to the date of issuance of the Master Certificate.
2. For verification of your bank account details, you must provide bank statement or the bank passbook.
3. Your application will be assessed by Etiqa Family Takaful. Should your application be accepted, you will be advised in writing by Etiqa Family Takaful, and you will be provided with a Master Certificate.
4. Please contact Etiqa Family Takaful's Customer Contact Centre if you do not receive the Master Certificate after fourteen (14) business days upon the submission of this application and all supporting documents.
5. Please ensure you receive an official receipt within a reasonable time, failing which you should contact Etiqa Family Takaful. It is important to retain the official receipt as proof of contribution payment.
6. Please ensure that the Takaful Intermediary presents and fully explains the recommended plan in the language that you understand and provides you with the product disclosure sheet for your consideration. Please seek clarification from the takaful intermediary should you not understand the terms or conditions therein, and your duties under the Master Certificate.
7. If anyone induces or attempts to induce you to terminate your existing Master Certificate, please report to Etiqa Family Takaful's Customer Contact Centre immediately.
8. Satisfactory evidence of health will be required for any sum covered above Free Cover Limit as defined in the quotation. The acceptance terms will be determined by the Etiqa Family Takaful after underwriting assessment. Takaful coverage for the Person Covered shall only take effect after approval by Etiqa Family Takaful and that the full contribution has been deducted, whichever is later.
9. If you have an enquiry or require further information, please contact Etiqa Family Takaful's Customer Contact Centre via e-mail at info@etiqa.com.my or by calling 1-300-13-8888 from Malaysia. If you have a complaint, dispute or feedback, please contact Etiqa Family Takaful's Complaints Unit via e-mail at cmu@etiqa.com.my, by calling 1-300-13-8888 within Malaysia or +603-2780-4500 from overseas, by facsimile to +603-2785-3093, or by post to Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
10. The Consumer Education Programme is available at www.insuranceinfo.com.my. If you are dissatisfied with the conduct of Etiqa Family Takaful, you may refer to Bank Negara Malaysia via e-mail at bnmtelelink@bnm.gov.my, by calling at 1 300 88 5465, by facsimile to +603 2174 1515, or by post to Pengarah, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur. If you dispute a decision made by Etiqa Family Takaful, you may refer to the Ombudsman for Financial Services via e-mail at enquiry@ofs.org.my, by calling at +603 22722811, by facsimile to +603 2272 1577, or by post to Level 14, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.

INSTRUCTIONS: Please complete in full and in CAPITAL LETTERS and tick (✓) boxes as appropriate. Use BLACK ink only.

*Mandatory fields to be completed

A : APPLICANT'S DETAILS	
*Company / Organisation Name	
*Company Registration Number	
GST Registration Number	
*Registered/ Office Address	
*Mailing Address (with Postcode) (if different from Registered Address)	
*Telephone Number	
*Fax Number	
*Email Address	
*Nature of Business	
*Relationship to the Person Covered	<input type="checkbox"/> Employer <input type="checkbox"/> Financier <input type="checkbox"/> Other, please specify _____
B. APPLICANT'S BANK ACCOUNT* DETAIL FOR RECEIVING BENEFIT PAYMENTS AND REFUNDS OF CONTRIBUTION	
Bank Name	
Bank Account Number	
Bank Branch Address	
*The Applicant's Bank Account must be maintained in Malaysia. In the case of an account outside Malaysia, please make a written request, providing account details to Etiqa Family Takaful. Etiqa Family Takaful reserves the right to agree or decline the request, and will advise you in writing. The Applicant must furnish a copy of the bank passbook or bank statement for verification of account details.	

SECTION C: TAKAFUL COVERAGE DETAILS (Please Tick Where Applicable)

*This field is mandatory, except for the following:

- (a) Public listed companies or corporations listed in Bursa Malaysia;
- (b) Government-Linked Companies in Malaysia;
- (c) State-owned corporations and companies in Malaysia;
- (d) Licensed entities under the Labuan Financial Services and Securities Act 2010 and Labuan Islamic Financial Services and Securities Act 2010; or
- (e) Prescribed institutions under the Development Financial Institutions Act 2002.

INSTRUCTIONS: Please review the following declaration and sign as appropriate.

- *Type of Application Compulsory Voluntary
- *Contribution Paid By Participant Person Covered
- *Period of Cover From: (DD/MM/YYYY)
Note: Backdating of Period of Cover is not allowed.
- *Frequency of Contribution Payment Annual Quarterly
 Semi-Annual Monthly
- *Method of Contribution Payment Salary Deduction
 Employer Contribution
 Contribution

D : AUTHORISED CONTACT PERSON(S) OF APPLICANT

	Contact Person 1	Contact Person 2
Full Name (As per NRIC or Passport)		
Gender		
ID Type (Old IC/ Birth Cert No./Army/ Police/ Passport No./ Others)		
ID Type Number		
New NRIC Number		
Nationality		
Date of Birth		
Country of Birth		
Designation		
Office Telephone Number		
Mobile Number		
Email Address		

E : DECLARATION, AUTHORIZATION AND AQAD

1. I/We declare that I/we may not have permissible takaful interest in the Person Covered if I/we are not the employer or someone that the Person Covered depends on wholly or partly for maintenance or education at the time he entered into the contract. However, I/we confirm I/we have disclosed the name of Etiqa Family Takaful, the takaful contribution charged, my/our relationship with Etiqa Family Takaful and the conditions of the coverage to the Person Covered. In the event that we have permissible takaful interest in the Person Covered, I/we confirm that a prior written consent from such Person Covered has been obtained.
2. Personal Data Protection Act 2010 (PDPA)
I/We, agree, consent and allow Etiqa Family Takaful to process my/our personal data (including sensitive personal data) ('Personal Data') with the intention of entering into a contract of Takaful, in compliance with the provisions of the PDPA.
I/We, understand and agree that any Personal Data collected or held by Etiqa Family Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Family Takaful to individuals and/or organizations related to and associated with Etiqa Family Takaful or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, retakaful operators claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us 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 Family Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Family Takaful branches or contact Etiqa Family Takaful via email at PDPA@etiqa.com.my. In accordance with the provisions of the PDPA, I/we may contact the Customer Service Centre at Etiqa Family Takaful Online at 1 300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.
Should I/we not provide an updated bank account for auto credit purposes to Etiqa Family Takaful (please refer Section B above), I/we consent that my account with Maybank Group may be utilised for the same purpose.
3. Application of Principles of Takaful
I/We agree to participate in this Group Takaful scheme based on the principle of Takaful. I/We agree to the concept of T abarru' (donation) for the purposes of mutual support of other participants and with this contribution, I/We am/are entitled to the Takaful cover as expressed in the terms and conditions of this Takaful contract.
I/We agree to appoint Etiqa Family Takaful to invest and manage Participants' Risk Fund (PRF) on behalf of Me/Us based on the contract of Wakalah (agency). I/We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate and Takaful Schedule) to Etiqa Family Takaful, as a deduction from contributions, to cover the expenses of managing and distributing the Group Takaful scheme.
I/We agree that the contribution less Wakalah fee will be placed in the Participants' Risk Fund (PRF) and Participant's Investment Funds (PIF) based on the predefined ratios.
I/We understand that at the end of each financial year, the underwriting surplus (if any) from the Participants' Risk Fund (PRF) will be determined by Etiqa Family Takaful. I/We agree that 50% of the distributed surplus (if any) will be paid to Etiqa Family Takaful as an incentive for operating and managing the PRF based on the contract of Ju'alah (wage), and the balance of 50% will be shared amongst Participants/Principal Person Covered whose Certificates have not terminated and who have not made any claim within the financial year. I/We understand that any distributed and allocated surplus shall be credited to Participant Investment Fund (PIF) for investment purposes.

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

I/We agree to appoint Etiqa Family Takaful to manage the Participant's Investment Funds (PIF) based on the contract of Mudarabah (profit-sharing), and that Etiqa Family Takaful will be paid an incentive fee for managing the performance, according to the following table:

Product Name	INCENTIVE FEE FROM INVESTMENT PROFIT IN PIF (where applicable)	
		Participant

4. Definitions:

- i. Tabarru' - "Tabarru'" is an Arabic word that means donation, gift or contributions. In relation to the Takaful Contract, it means Contribution for the purpose of Takaful. This portion is placed in the Participants' Risk Fund (PRF).
- ii. Wakalah - "Wakalah" is an Arabic word that 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 the context of Takaful contract, this means that Participants appoint Etiqa Family Takaful to invest and manage the Participants' Risk Fund (PRF) on behalf of Participants. Participants also authorize Etiqa Family Takaful to delegate the rights, duties and obligations to any third party as deemed fit by Etiqa Family Takaful. In the event of such delegation, Etiqa Family Takaful will remain liable and responsible for all such rights, duties and obligations towards Participants. Wakalah fee will be deducted from the gross Contribution and the balance amount will be placed in the PIF and PRF based on predefined ratios.
- iii. Ju'alah - "Ju'alah" is an Arabic word that means 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 contract of Takaful, it refers to the basis of distribution of surplus from the Participants' Risk Fund (PRF) which is agreed between Participants/Principal Persons Covered and Etiqa Family Takaful.
- iv. Mudarabah - "Mudarabah" is an Arabic word that means a contract between a capital provider (rabbul mal) and an entrepreneur (mudarib), under which the rabbul mal provides capital to be managed by the mudarib. Profit generated from the capital is shared between the rabbul mal and the mudarib according to a mutually agreed profit sharing ratio. Losses are borne by the rabbul mal provided that such losses are not due to the mudarib's misconduct, negligence or breach of specified terms. In relation to the Takaful contract, Etiqa Family Takaful acts as the mudarib while Participants/Principal Persons Covered are the rabbul mal in the sharing of investment profit from the PIF.

5. Sanction Limitation And Exclusion Clause

I/ We understand and agree that Etiqa Family Takaful is entitled not to accept or process this application should I/We, person covered, assignee and nominee named found to be a prohibited person, meaning a person or entity subject to any laws, regulations and/ or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Etiqa Family Takaful from providing takaful coverage, transacting business with or otherwise offering any economic benefits to me/ us or any other beneficiaries or assignees under the relevant Certificate, and the decision of Etiqa Family Takaful shall be final.

I/ We further agree that in the event that Etiqa Family Takaful becomes aware subsequently that I/We, person covered, assignee and nominee named has become a prohibited person, Etiqa Family Takaful may block and/ or terminate the relevant Certificate, including but not limited to, making or receiving any payments under the relevant Certificate.

If an application is accepted or processed by Etiqa Family Takaful despite I/ We, person covered, assignee and nominee named being a prohibited person, Etiqa Family Takaful shall be entitled to block and/ or terminate the relevant Certificate at any time, whether with effect from inception of the relevant Certificate or otherwise.

Signature of Authorised Applicant and Company Stamp

Date (DD/MM/YYYY) \ \

*Signature of Witness

Date (DD/MM/YYYY) \ \

*Witness must be at least 18 years of age and of sound mind

	Authorised Applicant	Witness
Full Name (As per NRIC or Passport)		
Gender		
ID Type (Old IC/ Birth Cert No./Army/ Police/ Passport No./ Others)		
ID Type Number		
New NRIC Number		
Nationality		
Date of Birth		
*Country of Birth		

Designation		
<p>* This field is mandatory, except for:</p> <p>(a) Public listed companies or corporations listed in Bursa Malaysia;</p> <p>(b) Government-Linked Companies in Malaysia;</p> <p>(c) State-owned corporations and companies in Malaysia;</p> <p>(d) Licensed entities under the Labuan Financial Services and Securities Act 2010 and Labuan Islamic Financial Services and Securities Act 2010; or</p> <p>(e) Prescribed institutions under the Development Financial Institutions Act 2002</p>		

F: DECLARATION BY TAKAFUL INTERMEDIARY

In this section, "I" refers to the Takaful Intermediary

1. I hereby declare that the information contained in this application form is the only information given to me by the Participant and I have not withheld any other information which might influence the acceptance of this application.
2. In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 and Islamic Financial Services Act 2013, I hereby confirm that the Participant's original documents as below were sighted and verified by me at the point of participant:
 - Private Limited Company
 - Form 49 & Form 24 (latest update)
 - Memorandum and Article of Association (M&A) or Certificate of Incorporation (Form 9) or Certificate of Incorporation On Change Of Name of Company (Form 13)
 - Board Resolution/Authorisation Letter; and
 - Identity Card (MyKad) / Valid Passport of the authorised person
 - Partnership / Sole Proprietor
 - Certificate of Business Registration (Sijil D) or Business Registration Renewal Certificate (Sijil E); and
 - Identity Card (MyKad) / Valid Passport of the authorised person
 - Clubs, Societies and Charities
 - Certificate of registration issue by Registry of Societies Malaysia;
 - Authorisation letter to represent the clubs/society/charities; and
 - Other constituent document to support the existence of clubs/society/charities
3. I hereby declare and confirm that I have presented and explained to the Participant the information contained in the Medical and Health Takaful checklist (where applicable) and product disclosure sheet in respect of the products and its Benefit(s), features as described therein.

Takaful Intermediary's Name:



Takaful Intermediary Contact No:

Takaful Intermediary's Signature

Date :

INSTRUCTIONS: The following section is for Head Office use only

G: INTERMEDIARY DETAILS

Date Received:

Intermediary Type	<input type="checkbox"/> Direct <input type="checkbox"/> Individual Agent <input type="checkbox"/> Corporate Agent	<input type="checkbox"/> Broker <input type="checkbox"/> Other, please specify _____
Intermediary Name (if not Direct)		
Intermediary Company Registration Number (if Company) or NRIC (if an individual)		