

GROUP HEALTH TAKAFUL CONFIRMATION FORM

1. CLIENT DETAILS:

Name of Company			
Branch Name 1		Branch Name 2	
Branch Name 3		Branch Name 4	
Branch Name 5		Branch Name 6	
Type of Business			
Postal Address			
Contact Person		Designation	
Phone		Fax	
E-mail		Cell phone	

2. SCHEME DETAILS:

Scheme Effective Date		Scheme Expiry Date		Family Health Questionnaire required:	Yes / No
Proposal Number		Proposal Date		Proposal Version & Option	
Basis of Takaful benefit	Contributory / Non-Contributory			Retirement Age	
Mode of payment :				Number of Lives	
Parents Coverage				Maximum Maternity Eligibility Age	

3. ELIGIBILITY DETAILS:

Class/Category/Plan	Description
A	
B	
C	
D	
E	
F	
G	
H	

4. SALES PERSONNEL DETAILS:

Agent Type	Name	CODE	Commission %	Production %
Primary Agent:				
Lead Generator (External Agent)				
Overriding-1 Agent:				
Overriding-2 Agent:				
Servicing Agent:				

5. SPECIAL INSTRUCTIONS/PROVISIONS

6. DECLARATION BY EMPLOYER/AUTHORIZED REPRESENTATIVE

Name: _____

Designation: _____ Signature: _____

7. APPROVAL STATUS

To be Filled By Marketing Executive: _____ Date: _____

Name & Signature

Approved by Head of Takaful Distribution Services - Corporate

Date: _____