



Use this form to be filled in by Individual Member covered under Group Term Family Takaful Scheme.

Instructions:

- Make copies of this form as needed. Fill in the information requested below. Please print.

Full Name of Individual Member:			
Father's/Husband Name:			
Designation:	Date of Birth:	CNIC: <input style="width:50px;" type="text"/>	Basic Salary:

I, the Individual Member, hereby name the following person(s) as the nominee(s) for the amounts of Takaful coverage under Group Family Term Takaful Scheme issued to Participant(Employer)

Name of Nominee(s)	Date of Birth	Age	CNIC Number	Relationship	%age
			<input style="width:50px;" type="text"/>		
			<input style="width:50px;" type="text"/>		
			<input style="width:50px;" type="text"/>		
			<input style="width:50px;" type="text"/>		
			<input style="width:50px;" type="text"/>		
			<input style="width:50px;" type="text"/>		

Please Note:

- The proceeds are to be divided equally among all persons who are named as nominee(s), unless otherwise indicated in the %age Share column above.
- The right to change the nominee(s) reserved with the Individual Member only.
- If any of the nominee(s) is minor (under 18 years), please designate a guardian as per Rule 66 of Insurance Rule 1958.

Name of Nominee(s)	Date of Birth	Age	CNIC Number	Relationship	%age
			<input style="width:50px;" type="text"/>		
			<input style="width:50px;" type="text"/>		
			<input style="width:50px;" type="text"/>		

Guardian Designation for minor beneficiary(ies):

DECLARATION:

1. I am aware that no right to borrow, surrender, or assign or other privilege of ownership may be exercised by a minor.
2. I understand that it is my responsibility to inform the company, if I wish to change the name(s) of any/more/all of the nominee(s) or if there is any change in the above-mentioned information.
3. I understand and agree that there shall be no contract of Takaful Coverage unless the contract issued and the full contribution actually paid thereon.
4. As already mentioned above I know that if nothing is mentioned in the %age share column of the nominee(s) section, the proceeds are to be divided equally among all persons who are named as nominee
5. I agree that only I have the right to change the nominee(s) details.

Signature of Individual Member

Signed at _____, this _____ day of _____ 20_____.
City Name Date Month Year