



Certificate No. / No. Sijil :						Agent's Tel No. / No. Tel Ejen :	-													
Agent's Name / Nama Ejen :	MMT ADVISORY					Agent's Email / Emel Ejen :														
Agent's Code / Kod Ejen :	G	C	A	6	0	1	9	5							Branch Code / Kod Cawangan :					

MEDICAL MALPRACTICE ESTABLISHMENT TAKAFUL PROPOSAL FORM

IMPORTANT NOTES:

- NON-CONSUMER TAKAFUL CONTRACT:** Pursuant to Paragraph 4(1) of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in voidance of your contract of Takaful, refusal or reduction of your claim(s), change of the terms or termination of your contract of Takaful. The above duty of disclosure shall continue until the time your contract of Takaful is entered into, varied or renewed with Syarikat Takaful Malaysia Am Berhad ("Takaful Malaysia"). You also have a duty to tell Takaful Malaysia immediately if at any time after your contract of Takaful has been entered into, varied or renewed with Takaful Malaysia any of the information provided in the Medical Malpractice Establishment Takaful Proposal Form ("Proposal Form") (or when you applied for this Takaful) is inaccurate or has changed.
- ANTI MONEY LAUNDERING NOTES:** 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, Takaful Malaysia 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.
- CONTRIBUTION WARRANTY:** Certificate issued will be subject to a Contribution Warranty, whereby contribution must be paid within sixty (60) days from commencement of cover, failing which cover ceases from the inception date.
- CHANGE OF RISK OR CIRCUMSTANCES:** You should advise Takaful Malaysia as soon as practicable of any change to your normal business as disclosed in this application, such as changes in business activities, location, acquisitions and new overseas activities.
- SUBROGATION:** Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the certificate, that you will not seek to recover such loss or damage from that person, Takaful Malaysia will not cover you, to the extent permitted by law, for such loss or damage.

INSTRUCTION TO THE APPLICANTS

- This form is intended for health facilities. These include hospitals, clinics, outpatient care centres and specialised care.
- This proposal must be completed, signed and dated by a Principal, Partner or Director.
- You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- If you are a new business, use the projected figures from your business plan.
- If you have any questions concerning this proposal, please contact your takaful broker or adviser to discuss

Please complete this proposal form in full in CAPITAL LETTERS and tick [✓] the boxes as appropriate.

PART 1: APPLICATION FOR TAKAFUL COVER

A	Period Of Takaful	From	To
B	Limit Of Liability Required	OPTION 1: MYR	OPTION 2: MYR
C	Excess/ Deductible Requested	OPTION 1: MYR	OPTION 2: MYR
D	Are you requesting cover for fraud and dishonesty?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E	Are you requesting cover for cyber and privacy infringement liability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PART 2: DETAILS OF PROPOSER / PARTICIPANT

1	Names and company Registration Numbers for all practice entities applying to be covered under this takaful (Referred to as "You" in the rest of the form) Name: Registration Number:
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2	<p>Has your name ever been changed, or have you purchased or merged with any other practice or business?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please attach details.</p>																				
3	<p>Please list your principal address</p>																				
4	<p>Please list the address(es) of your branch offices or other locations (if applicable)</p>																				
5	<p>Establishment website:</p>																				
6	<p>When was your practice entity established</p> <p><input type="text"/> day <input type="text"/> month <input type="text"/> <input type="text"/> <input type="text"/> year</p>																				
7	<p>Please indicate:</p> <table border="1" data-bbox="128 1343 1489 1736"> <thead> <tr> <th data-bbox="128 1343 1044 1388">Type of Facility</th> <th data-bbox="1044 1343 1489 1388">Nature of Practice Entity</th> </tr> </thead> <tbody> <tr> <td data-bbox="128 1388 584 1444"><input type="checkbox"/> Private Hospital</td> <td data-bbox="584 1388 1044 1444"><input type="checkbox"/> Retirement Village</td> <td data-bbox="1044 1388 1489 1444"><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td data-bbox="128 1444 584 1500"><input type="checkbox"/> Public Hospital</td> <td data-bbox="584 1444 1044 1500"><input type="checkbox"/> Rehabilitation Centre</td> <td data-bbox="1044 1444 1489 1500"><input type="checkbox"/> For profit</td> </tr> <tr> <td data-bbox="128 1500 584 1556"><input type="checkbox"/> Hospital - Other</td> <td data-bbox="584 1500 1044 1556"><input type="checkbox"/> Hospice</td> <td data-bbox="1044 1500 1489 1556"><input type="checkbox"/> Not for profit</td> </tr> <tr> <td data-bbox="128 1556 584 1612"><input type="checkbox"/> Clinic</td> <td data-bbox="584 1556 1044 1612"><input type="checkbox"/> Laboratory</td> <td data-bbox="1044 1556 1489 1612"><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td data-bbox="128 1612 584 1668"><input type="checkbox"/> Group Practice</td> <td data-bbox="584 1612 1044 1668"><input type="checkbox"/> Pharmacy</td> <td data-bbox="1044 1612 1489 1668"><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td data-bbox="128 1668 584 1724"><input type="checkbox"/> Nursing Home</td> <td data-bbox="584 1668 1044 1724"></td> <td data-bbox="1044 1668 1489 1724"></td> </tr> </tbody> </table>	Type of Facility	Nature of Practice Entity	<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Retirement Village	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Public Hospital	<input type="checkbox"/> Rehabilitation Centre	<input type="checkbox"/> For profit	<input type="checkbox"/> Hospital - Other	<input type="checkbox"/> Hospice	<input type="checkbox"/> Not for profit	<input type="checkbox"/> Clinic	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Group Practice	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Nursing Home		
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8	<p>Please indicate the number of personnel applicable below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33.33%;">Classification</th> <th style="width: 16.67%;">Part-Time</th> <th style="width: 16.67%;">Full-Time</th> <th style="width: 33.33%;">Classification</th> <th style="width: 16.67%;">Part-Time</th> <th style="width: 16.67%;">Full-Time</th> </tr> </thead> <tbody> <tr> <td>Principals, partners or director</td> <td></td> <td></td> <td>X-ray technicians</td> <td></td> <td></td> </tr> <tr> <td>Doctors (including locum doctors)</td> <td></td> <td></td> <td>Physiotherapists</td> <td></td> <td></td> </tr> <tr> <td>Surgeons</td> <td></td> <td></td> <td>Midwives</td> <td></td> <td></td> </tr> <tr> <td>Interns</td> <td></td> <td></td> <td>Healthcare assistance / health workers</td> <td></td> <td></td> </tr> <tr> <td>Registered Nurse</td> <td></td> <td></td> <td>Other registered professionals</td> <td></td> <td></td> </tr> <tr> <td>Enrolled nurses</td> <td></td> <td></td> <td>Other skilled & technical employees</td> <td></td> <td></td> </tr> <tr> <td>Pharmacists</td> <td></td> <td></td> <td>Non-technical administrative staff</td> <td></td> <td></td> </tr> <tr> <td>Laboratory technicians</td> <td></td> <td></td> <td>Other staff (please specify)</td> <td></td> <td></td> </tr> <tr> <td>Dentist</td> <td></td> <td></td> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>						Classification	Part-Time	Full-Time	Classification	Part-Time	Full-Time	Principals, partners or director			X-ray technicians			Doctors (including locum doctors)			Physiotherapists			Surgeons			Midwives			Interns			Healthcare assistance / health workers			Registered Nurse			Other registered professionals			Enrolled nurses			Other skilled & technical employees			Pharmacists			Non-technical administrative staff			Laboratory technicians			Other staff (please specify)			Dentist			Total		
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9	<p>What are the qualifications of your Principals, Partners, Directors or other key professional personnel?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Name</th> <th rowspan="2" style="width: 25%;">Qualifications</th> <th rowspan="2" style="width: 25%;">Year Qualified</th> <th colspan="2" style="width: 30%;">Years as Principal, Partner or Director</th> </tr> <tr> <th style="width: 15%;">Current Practice</th> <th style="width: 15%;">Previous Practice</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Qualifications	Year Qualified	Years as Principal, Partner or Director		Current Practice	Previous Practice																																																					
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10	<p>If there is only a sole Principal, what arrangements do you have in place to ensure business continuity when that Principal is travelling, on leave, ill or away from the office?</p> <hr/> <hr/> <hr/> <hr/>																																																																	

PART 3 : DETAILS OF BUSINESS

1	Which professional societies & associations are you, your Principals, Partners or Directors a member of?
2	Is your practice entity duly licensed to practice at the address(es) specified in question Part 1: Q3 & Q4 <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you ensure that all doctors providing medical services for or using the facilities of your firm are members of a Medical Defence Union or Medical Protection Society or otherwise carry their own medical malpractice takaful/insurance covers? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you requesting coverage for these doctors as part of your application? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are you ISO 9001 certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when was this achieved and for which activities? <hr/>
5	What is the total number of beds:
6	What is the average annual occupancy rate of beds
7	What is the total number of bassinets:
8	What is the average annual occupancy rate bassinets:
9	What is the total number of patients annually: (i) Outpatients: (ii) Inpatients:
10	Do you have a/an: i) Intensive Care Unit (ICU) ii) Accident & emergency (A&E) department iii) Outpatients department iv) Medical teaching facility v) Pathology facility vi) Blood banking facility
11	Do you own or operate a heliport or helipad? (If no, please disregard the remaining questions in this section) a) Number of annual landings: b) Where are the heliports/ helipads located? c) Is the helicopter landing pad approved by the governing aviation authority? d) Is the medical team comprised of certified and experienced retrieval medicine physicians and registered nurses with critical care and emergency nursing experience? If no, please provide details on a separate sheet.

12	What percentage of your activities are represented by each of the following of professional healthcare services:						
	Type of Services	Percentage (%)	Type of Services	Percentage (%)			
	Audiology		Oncology				
	Aged Care/Assisted Living		Ophthalmology (including LASIK & laser)				
	Cardiology		Paediatrics				
	Communicable Disease/Tubercular		Pathology				
	Dentistry		Physiotherapy				
	Dermatology		Plastic surgery (elective cosmetic)				
	Drug/alcohol dependency		Plastic surgery (reconstructive)				
	Ear/Nose/Throat		Podiatry				
	Elective Termination		Psychiatric				
	Gastroenterology		Radiography/medical imaging				
	General Practice/General Medicine		Rehabilitation				
	Gynaecological		Surgical				
	In vitro fertilisation (IVF)		Traditional medicine				
	Obstetrics/maternity		Other Please specify				
		Total		100%			
13	Do you engage in any other professional healthcare services or business activities other than what is described in this section? If YES, please attach details of the type of work and the fee income from these other activities.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
14	Are you or any of your Principals, Partners or Directors connected or associated with any other practice or business?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
PART 4 : DETAILS OF BUSINESS							
1	When does your Financial Year end?		<input type="text"/> day	<input type="text"/> month			
2	What is your total turnover or fee income for the:						
	Year	Malaysia	Total				
	Coming year (estimate)	MYR	MYR				
	Current year (estimate)	MYR	MYR				
	Past year (estimate)	MYR	MYR				
3	Please indicate your patient demographic in percentage below.						
	Malaysia	Other Asia	Australia/NZ	Europe	USA/Canada	Others	Total
	%	%	%	%	%	%	100%
4	Please list the foreign countries you provide services in and the number of staff located in each:						
	Country	Number of staff	Country	Number of staff			
PART 5 : RISK MANAGEMENT							
1	Do you keep accurate records and ensure all medical professionals hold valid licenses to practice in their respective specialisations issued by the relevant official authority in the country where your practice?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Do you maintain accurate and descriptive records of all medical services rendered, and equipment used in procedure?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Do you have facilities for sterilisation of instruments in accordance with relevant guidelines/standards applying to your industry?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
4	Do you have and follow documented risk management and quality control procedures?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
5	Are these risk management and quality control procedures regularly reviewed and updated to the appropriate standards applying to your industry?		<input type="checkbox"/> Yes <input type="checkbox"/> No				

PART 6 : TAKAFUL/INSURANCE HISTORY

1	Do you currently hold medical malpractice takaful/insurance? If yes, please provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Period of Takaful	Takaful Operator	Certificate Limit
			MYR
		Excess	MYR
		Retroactive Date	

2 Have you ever had any application for medical malpractice takaful/insurance refused, or had any medical malpractice takaful/insurance coverage rescinded or cancelled?
If yes, please provide details on a separate sheet, noting the Section number.

PART 7 : CYBER AND PRIVACY INFRINGEMENT LIABILITY

(Only complete this section if you request cover for Cyber and Privacy Infringement Liability Extension)

1	Do you have a formal certificate to segment sensitive data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you encrypt sensitive personal data [including Protected Information (PHI) and Electronic Medical Record (EMR)] anywhere that is stored, transmitted and/or on mobile devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you currently carry or are you in the process of applying for D&O or Cyber/Privacy Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you have a person dedicated for Information Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you have a Written Information Security Program (WISP)?	
6	Have you taken all necessary steps to ensure compliance with the Personal Data Protection Act 2010 and/or any similar law or regulation in any other jurisdiction which governs the collection, use, processing, handling, storage, disclosure or transfer of personal/sensitive data?	
7	Have you undergone an Information Security Audit? If yes, what is the date? If yes, is the result satisfactory? Please describe:	

PART 8 : CLAIMS EXPERIENCE

1	Have any claims ever been made, or lawsuits been brought against you, your predecessors in business, or any current or former Principals, Partners, Directors, employees, or any other person or entity applying to be covered under this proposed contract of takaful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are any of the Principals, Partners, Directors or employees aware, after inquiry, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be covered under this proposed contract of takaful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you, your predecessors in business, or any current or former Principals, Partners, Directors, or employees ever been the subject of disciplinary action or investigation by any authority or regulator or professional body?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you had answered yes to any of the questions in this section, please provide full details and the status of each claim, lawsuits, allegation or matter, including

- the date of the claim, suit or allegation
- the date you notified your previous takaful operator/insurance company
- the name of the claimant(s) and the establishment(s)
- the allegations made against you
- the amount claimed by the claimant(s)
- whether the status is outstanding or finalised
- the amounts paid for claims and defence costs to date

PART 9 : ADDITIONAL INFORMATION

	Attach a copy of the following:	Included
1	Corporate profile, brochures, pamphlets, or other marketing material describing your operations and services	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Standard contracts or service agreements with clients or patients	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Resumes or CVs of all your Principals, Partners or Directors	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	For new business only, your business plan with projections of business	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 10 : DETAILS OF E-PAYMENT

In order to facilitate the e-payment for any amount due and payable to you i.e. payout on claim, cancellation or surplus distribution, please complete this section.

Bank Account No. :

Account Holder Name :

Bank Name :

Terms and Conditions

1. Direct Credit facility is only applicable for bank accounts maintained in Malaysia. For overseas customers, Takaful Malaysia will assess and allow overseas accounts on a case to case basis.
2. Direct Credit facility is applicable for Proposer's / Certificate Owner's bank account only. Payment to other beneficiaries is to be considered on case by case basis.
3. Participant / Certificate Owner is to furnish a copy of the bank passbook or bank statement and the IC no. / Passport no. that was used to open the bank account for verification purpose.
4. If the copy of bank passbook or bank statement is not provided, the Participant / Certificate Owner is deemed to have confirmed the account details provided in this form as valid and accurate.

* In the event of any invalid / inaccurate account details provided by Participant / Certificate Owner which results in payment being credited into a third party bank account, the payment made thereto is still deemed as full payment for Refund / Surrender/ Partial Withdrawal / Claims /Cancellation/ Others and Takaful Malaysia shall be released and fully discharged from all existing and future liabilities, claims and demands in relation to such Refund / Surrender / Partial Withdrawal / Claims / Cancellation / Others.

PART 11 : DISCLOSURE OF INFORMATION

Personal Data Protection Act 2010 (PDPA)

I/We have read and understood the Privacy Notice made available on Takaful Malaysia's website at www.takaful-malaysia.com.my. I/We agree that any of my/our personal information collected or held by Takaful Malaysia (whether contained in this application or otherwise obtained) ("my/our personal information") may be held, used, and disclosed by Takaful Malaysia to individuals or organisations related to or associated with Takaful Malaysia or any selected third party (within or outside of Malaysia, including retakaful and claims investigation companies and industry associations/federations) for the purpose of processing this application and providing subsequent service for this certificate including cross marketing, direct marketing and data matching for other Takaful Malaysia's products and services, in the manner set out in the said Privacy Notice. I/We understand that I/We have the right to obtain access to and to request correction of any of my/our personal information by contacting Takaful Malaysia's Customer Service at 1-300 88 252 385 or email to csu@takaful-malaysia.com.my. I/We further understand that I/we may object the use of my/our personal information by Takaful Malaysia for cross marketing, direct marketing and data matching purposes, by completing the Endorsement Form which I/we can obtain at Takaful Malaysia's website at www.takaful-malaysia.com.my.

Marketing Consent for Third Parties

I/We hereby consent and agree that any of my/our personal information collected or held by Takaful Malaysia (whether contained in this application or otherwise obtained) maybe disclosed by Takaful Malaysia to any selected third party for the purposes of cross marketing, direct marketing and data matching for such third party's products and services, and to communicate with me/us for such purposes. I/we understand that I/we have a right to withdraw this marketing consent by completing the Endorsement Form which I/we can obtain at Takaful Malaysia's website at www.takaful-malaysia.com.my.

Yes

No

PART 12 : THE AQAD / DECLARATION

I/We, to the best of my/our knowledge hereby declare and confirm that the statements in this Proposal Form are true and correct and I/we have not concealed, misrepresented or misstated any material fact.

SECTION A

I/We agree to participate in this product and pay the contribution into the General Takaful Fund (GTF) based on Tabarru'.

I/We authorize the company based on Wakalah to manage the GTF and in return, the company will receive 55% of the contribution as Wakalah Fee.

I/We also agree that 50% of distributable surplus arising from the GTF will be kept in the GTF to prepare and provide for any high claims experience and 50% of the distributable surplus will be received by the company as a performance incentive based on Ju'alah. If the GTF is in deficit, I/We agree to accept an interest-free loan which will be provided by the company to the GTF based on Qard.

SECTION B: TREATMENT OF SMALL PAYMENT AMOUNTS

I/We 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/us if the amount due and payable is Ringgit Malaysia Ten (RM10.00) and above. For any amount less than Ringgit Malaysia Ten (RM10.00), Takaful Malaysia will donate to a charity organisation as approved by Takaful Malaysia.

SECTION C: DECLARATION AND SIGNATURE

- a) I/We am/are aware that it is my pre contractual duty of disclosure that I/we must exercise reasonable care not to misrepresent i.e. to give false answers information when answering any questions asked by Takaful Malaysia.
- b) I/We have read and understood the Important Notices contained in this application.
- c) I/We agree that this proposal, together with any other information or documents supplied, will form the basis of a contract of Takaful with Takaful Malaysia.
- d) I/We acknowledge that if this application is accepted, the contract of Takaful will be subject to the terms and conditions as set out in the certificate wording as issued or as otherwise specifically varied in writing by Takaful Malaysia.

e) I/We declare, after inquiry, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

f) I/We undertake to inform Takaful Malaysia of any material alteration to those facts before completion of the contract of Takaful.

This Proposal Form must be reviewed, signed and dated by a duly authorised Principal, Partner or Director of the Proposer. The authorised person who signs on behalf of the Proposer further confirms to Takaful Malaysia that he or she is authorised to do so.

This aqad will form part of the Takaful contract.

Date
(DD/MM/YYYY)

<input type="text"/>							
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Signature of Proposer / Participant :

For Agent's or Office Use Only
Verification of Customer's Identity

(As per requirement of Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001)

DECLARATION BY TAKAFUL AGENT AND SALES OFFICER

1. I hereby declare that all information contained in this Proposal Form is the only information given to me by the Proposer and I have not withheld any other information which might influence the acceptance of this proposal by Takaful Malaysia.
2. I have provided to the Proposer Medical Malpractice Individual Practitioner Takaful product disclosure sheet together with this Proposal Form.
3. I hereby declare that I have sighted the original MyKad / Birth Certificate / Passport or related identification document and verified the identity of Proposer through the use of MyKad / Birth Certificate / Passport or other related identification documents.
4. I hereby declare that the Proposal Form is completed in compliance with Section 16 (2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001.

Third Party Verification :

Signature : _____

Date

(DD/MM/YYYY)

<input type="text"/>							
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MyKad No : _____

<input type="text"/>					
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-

<input type="text"/>	<input type="text"/>
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-

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"Third Party" means Takaful agents, Takaful brokers or staff of Takaful Malaysia.

Note:

You are advised to keep the receipt as proof of payment of contribution.

Dear customers,

This privacy notice for personal data ("Privacy Notice") is issued to all customers of Syarikat Takaful Malaysia Am Berhad (which includes all its subsidiaries, related and/or associated companies collectively as the context requires) ("Company", "We", "Us" or "Our"), pursuant to the statutory requirements of the Personal Data Protection Act 2010 ("PDPA").

Your personal data includes, but is not limited to, any personal information about you concerning your name, age, gender, address, NRIC number, telephone number and email address, marital status, creditworthiness, physical or mental health or medical condition ("Personal Data").

During your course of dealings with us, we will collect and process your personal data from various purposes, including to communicate with you, provide products and/or services to you, administer and give effect to your commercial transactions with us, respond to your enquiries or complaints, provide you with information and/or updates on products, services and/or marketing promotions offered by us and selected third parties and other purposes required to operate and maintain our business functions as a Takaful operator as set out in the Company Privacy Notice (collectively referred to as "Purposes").

We will not disclose any of your personal data to any third party without your consent except to the Company's group of companies (including the Company's subsidiaries, related and/or associated companies collectively as the context requires), our professional advisers, vendors, suppliers, agents, contractors, service providers, business partners, reinsurers, retakaful operators, banks and/or financial institutions, within or outside Malaysia, where necessary, for the Purposes mentioned above, to any party who undertakes to keep your personal data confidential, to any person as set out in our Privacy Notice, or to whom we are compelled or required under the law to disclose to.

It is necessary for us to collect and process your personal data. If you do not provide us with your personal data, or do not consent to this Privacy Notice, we will not be able to effectively provide products and/or services to you or process your personal data for any of the Purposes, if at all. We are committed to ensuring that your personal data is stored securely. You have the right to request for access to, request for a copy of and request to update or correct, your personal data held by us. You also have the right at any time to request us to limit the processing and use of your personal data (for example, requesting us to stop sending you any marketing and promotional materials or contacting you for marketing purposes), subject to our right to rely on any statutory exemptions and/or exceptions to collect, use and disclose your personal data.

By providing your personal data to us you consent to us processing your personal data in accordance with this Privacy Notice, and you confirm that all personal data provided by you is accurate and complete, and that none of it is misleading or out of date. You will promptly update us in the event of any change to your personal data.

When you give us personal data about another person, you confirm that they have appointed you or you have legal authority / responsibility to act for them, to consent to the processing of their personal data and to receive on their behalf, any data privacy notices.

We reserve the right to update and amend this Privacy Notice or our Company Privacy Notice from time to time. We will notify you of any amendments to this Privacy Notice or our Company Privacy Notice via announcements on our website or other appropriate means.

This Privacy Notice is to be read together with the Company Privacy Notice which is available on our website at www.takaful-malaysia.com.my.