

LARGE AMOUNT QUESTIONNAIRE to be completed by Proposer

PART A - Personal Details

Full Name:			
NRIC No.:			
Purpose of Coverage:	<p style="text-align: center;"><u>Coverage</u></p> <input type="checkbox"/> Personal/ Family Protection and Investment <input type="checkbox"/> Credit Facility Protection and Collateral <input type="checkbox"/> Keyman Protection <input type="checkbox"/> Partnership Protection	<p><u>Section to be completed</u></p> Part A Part A and B Part A and C Part A and D	
Method of Solicitation:	<input type="checkbox"/> Proposer <input type="checkbox"/> Sales Person <input type="checkbox"/> Others		

Details of coverage presently in-force or solicited simultaneously on proposer, business associated and family members.

Company	Certificate No.	Sum Covered (inclusive Term riders)	Date Issued	Covered Person	Relationship
1)					
2)					
3)					
4)					

Job details:

1) Job title: _____ 2) Years of experience: _____

3) Type of business: _____ 4) Professional Qualification: _____

Details of Net Worth

Residence	<input type="checkbox"/> Bungalow <input type="checkbox"/> Condominium <input type="checkbox"/> Semi-Detach <input type="checkbox"/> Terrace <input type="checkbox"/> Flat Is the property: <input type="checkbox"/> Owned <input type="checkbox"/> Please state the approximate current market value RM _____ <input type="checkbox"/> Rented
-----------	--

	<u>Past Year</u>	<u>Previous Year</u>
Current Annual Earned Income (including bonuses/ commissions) RM _____	200_ _____	200_ _____

Other Assets

Details	Approximate Value	Unearned Income	
Real Estate Property <input type="checkbox"/> Shoplot <input type="checkbox"/> Land <input type="checkbox"/> Others	RM _____	Rental Income	RM _____
Fixed/ Term Deposit <i>or</i> Islamic Fixed/Term Deposit	RM _____	Fixed Deposit Interest <i>or</i> Islamic Fixed Deposit Profit	RM _____
Investment			

<input type="checkbox"/> Share <input type="checkbox"/> Unit Trust <input type="checkbox"/> Others	RM _____	Dividends or income from investments	RM _____
--	----------	--------------------------------------	----------

Family lifestyle:

- 1) Marital status: _____
- 2) No. of children: _____, where they school: _____
- 3) No. of servants: _____
- 4) Car(s) driven by proposer and spouse/ made/ model: _____

Details of Liabilities – Amount Outstanding

Total Credit Facility : RM _____	Overdraft : RM _____
	Others : RM _____

Details of Business interests (to be completed by Business Owner only)

Name of Company:	Nature of Business:
Commencement of Business:	Percentage shares held in Company:
Authorised Capital: RM _____	Paid-up Capital: RM _____
Details any projects currently being handled and their values.	Details of any additional business interests (inclusive non-executive directorships/ partnerships, etc)

Performance of the Company:

Revenue	Last Year	Previous Year	3 Years Ago
Income or Sales	RM _____	RM _____	RM _____
Gross Profit	RM _____	RM _____	RM _____
Net Profit	RM _____	RM _____	RM _____

Acknowledgement

1) Have you ever been adjudicated a bankrupt by any Court of Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify date of discharged: ___/___/___
2) Have you have any legal suit suits/ legal demands for payment pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the amount: RM _____

PART B - To be Completed if apply for Credit Facility Protection and Collateral
Note: Please provide copy of credit facility agreement

Purpose of Credit Facility : _____	Amount : RM _____
------------------------------------	-------------------

Name of Financial Institution : _____	Repayment period: _____ years
Commencement Date of Credit Facility: _____	Is the credit facility conditional on the issue of life insurance / Takaful? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART C – To be Completed if apply for Keyman Protection

1) What is the nature of the business:	2) How many years has it been operating: _____ years
3) How many people does it employ:	4) How long has the proposer been working for the company/ _____ years
5) Reasons for Keyman Protection:	6) Is there a service contract existence :
7) On what basis has the sum covered been calculated? (please tick √) <input type="checkbox"/> Multiple of annual salary: _____ times <input type="checkbox"/> Multiple of net profit: _____ times <input type="checkbox"/> Multiple of gross profit: _____ times <input type="checkbox"/> Any other basis, please specify: _____	

8) Has the company effected, or does it intend to effect, Certificates on the life of other key personnel?

- Yes
 No

If YES, please give details:

Name	Position	Date Effected	Sum Covered	Reason for cover
1)				
2)				
3)				
4)				
5)				
6)				

PART D – To be Completed if apply for Partnership Protection

1) Name of the company :	2) Nature of business:												
3) What percentage of the company's Share Capital/ Partnership does Proposer own? _____ %	Please provide name and percentage of shares hold by other partner? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">No.</th> <th style="width:75%;">Name of Partner</th> <th style="width:20%;">% of Shares</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	No.	Name of Partner	% of Shares									
No.	Name of Partner	% of Shares											
4) Has the 'buy and sell agreement' been drawned up? (If Yes, please attach a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No													

5) Is every partner covered or being covered?

Yes

No

If Yes, please state the amount of coverage for each partner:

If No, please state reason:

- 1) _____
2) _____
3) _____

7) What liability arises on the death of the Proposer?

Declaration

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this proposal.

I agree that this supplementary questionnaire shall form part of my application for Takaful coverage with FWD Takaful Berhad.

Date:

Date:

Signature of Participant/Covered Person :

Signature of Witness:

I/C No:

I/C No: