



AMENDMENT TO PROPOSAL FOR FAMILY TAKAFUL (For completion by the Participant)

Full name of the Covered Person: _____
(If different from participant)

Full name of the Participant: _____

NRIC No. : _____ Certificate No. : _____

I the above named participant, hereby request that my application for family takaful to be amended as follow:-

DECLARATION

I certify that there has been no change in my condition of health and that I have not received any medical attention, consultation or examination whatsoever, since the date of my application and that all my answers stated in the said application are still true. I agree that this form will constitute part of my proposal for family takaful and that failure to disclose any material fact known to me may invalidate the certificate.

Signature of Participant

I/C No:

Date: