Watania Takaful

وطنية تكافل

Sharjah Islamic Bank – Group Credit Takaful Plan

Medical questionnaire

Full Name:		Date of Birth:	
Height:	cms	Weight:	kgs
Blood Pressure (if Known):	Max/ Min	Occupation (describe clearly):	
Nationality:		Mobile No. / Email:	
Address:			
Nominated Beneficiary:		Relationship:	
Marital Status:	☐ Single ☐ Married ☐ Widowed ☐ Divorced or Separated		
Source of Income:	☐ Salaried ☐ Self Employed	Total Annual Income:	
Complete name of Company / Business:			

1. Do you have existing Life insurance or Takaful contracts with our company or with other insurance companies or Takaful operators? If yes, please provide details using the following table:	☐ YES	☐ NO
Name of Company: / Sum Assured: / Type of Policy(ies): / Year Issued:		
2. Are you currently unable to work?	☐ YES	☐ NO
3. During the 5 past years, have you been unable to work for more than 30 consecutive days?	☐ YES	☐ NO
4. Have you ever been treated for or are you under treatment for: high blood pressure, myocardial infarction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous breakdown, slipped disc, paralysis, coma, diabetes, high cholesterol, immunodeficiency syndrome (AIDS), tumour, cancer or any other serious illness or infirmity?	☐ YES	☐ NO
5. Have you ever been seriously injured?	☐ YES	☐ NO
6. Did you have a surgical operation or have you been advised to have a surgical operation?	☐ YES	☐ NO
7. Did you take or are you taking treatment or medication for any disease or disorder?	☐ YES	☐ NO
8. Do you intend to seek medical advice, treatment or have any medical tests performed?	☐ YES	☐ NO
9. Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the result of such a test? If yes, please provide details.	☐ YES	☐ NO
10. Have you smoked any cigarettes within the past 12 months? If yes, state how many per day? _____	☐ YES	☐ NO
11. Do you have any defect of the vision or hearing? If yes, state to what extent _____	☐ YES	☐ NO
12. Do you drink alcohol? If yes, state type and amount per day _____	☐ YES	☐ NO
13. Have any of your parents, brothers or sisters died or suffered from heart or circulatory diseases,cancer, diabetes, kidney diseases or hereditary disorders before age 65? If yes, please also indicate at what age this occurred. _____	☐ YES	☐ NO
14. Do you intend to engage in hazardous activity (e.g. scuba diving) or fly other than as a passenger on scheduled services?	☐ YES	☐ NO
15. Has any application for insurance on your life (life, accident, health) been declined, postponed or accepted on special terms?	☐ YES	☐ NO

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Please give below full details for any « yes » answers including date and duration of any illness, type of treatment, doctors consulted, type of sport. use separate sheet if necessary.

Fund Disclaimer:

I, the undersigned, the applicant for cover for this takaful plan, hereby declare that i am in good health except if stated otherwise in the above statement.

I declare that the answers and statements in this application form are true and complete to the best of my knowledge and belief and that such disclosures, application form and any related statements will form part of the basis of contract between me and watania takaful co. psc. i further declare and unconditionally agree that failure to disclose any material information will invalidate this contract and discharge watania takaful co. psc from any liability whatsoever.

Date & Signature of the Applicant

Date, Signature & Stamp of Sharjah Islamic Bank Staff