



Personal Takaful Agreement Application to participate

Important notes			
1. Please print in BLOCK LETTERS			
_		ceived the fully completed and signed applica	tion form and confirmed cover. If we decline
your application, we will notify you			
3. Please (✓) the applicable block			
4. It insufficient space is available	on the form	please provide answers on the last page under	r "Additional Information/Comments".
Broker Details			
Agency/broker			
Agency number			
Cover Required		4	
Cover is available for the following	g classes. Ple	ase (\checkmark) the classes you require cover on and c	omplete the relevant sections in the application
form.			
No application is required for Sasri	ia as it is aut	omatically included (N.B. Sasria does not form p	part of your Personal Takaful Agreement)
Section			
Buildings (Home)		Motor Cycles	Personal Accident
Household Contents		Caravan/Trailers	Motor Personal Accident
Specific Items (All Risks)		Personal Legal Responsibility	Legal Costs
Personal Computer Equipmen	it	Extended Personal Legal Responsibility	Watercraft
Motor Vehicles			
Personal Details			
First name(s)			
Surname			
Identity number			
Date of birth			
Postal address			
			Postal code
Physical address			
	-		
			Postal code
Participant's occupation or busines	SS		
Contact details			7
Telephone number (work)			
Telephone number (home)			4
Telephone number (cell)			
Fax number			
Email address			



Co-participant				
First name(s)				
Surname				
Identity number				
Date of birth			* .	
Postal address				
		Pos	tal code	
Co-participant's occupation or business			A.,	
Contact details				
Telephone number (work)				
Telephone number (home)				
Telephone number (cell)				
Fax number				
Email address				
Cover required				
Effective date				
Language preference	English Afrikaans		, ii	
General Information				
Previous cover?			Yes No	
If yes, give full details, i.e. name of	f insurer, policy number, inception a	and cancellation date(s)	<u> </u>	
Has any insurer ever cancelled, declined or refused to renew your cover or imposed special terms? Yes No				
If yes, give full details				
Give details of all losses or claims s	suffered in the last 3 years (whether	covered or not)	Para Jay	
Type of loss (fire, motor, accident,	burglary, etc.)	Year	Amount paid (approximate)	
Do you intend going on holiday within the next two months? Yes No				
If yes, give full details				
	<i>-</i>	<u> </u>		
			1	



Will the premises be left vacant for longer than 60 days in any calendar year? If yes, give full details Is the premises occupied during the day? Is any part of the premises used for business purposes? Is any part of the premises used for business purposes? Is the property isolated, e.g. on a plot or agricultural holding(s)? If yes, give full details Is the property isolated, e.g. on a plot or agricultural holding(s)? If yes, the Plot Questionnaire is to be completed Pensioner information (tick appropriate box) Not a pensioner Employed over 50 Pensioner over 55 Employed over 50 Pensioner in a retirement village Will the premises be unoccupied during the year (tick appropriate box) More than 60 days 90 days 120 days 150 days 150 days 150 days 270 days Buildings (Home) and Household Contents Sections In respect of property to be covered please state Details Premises 1 Premises 2 Premises 2 Postal code Construction Walls: Standard or non-standard fi thatch, the Questionnaire is to be completed
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Standard or non-standard Roof: Standard or non-standard If thatch, the Questionnaire
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Standard or non-standard If thatch, the Questionnaire
is to be completed
Dwelling type (please specify) Cluster home
Private dwelling home
Farm dwelling
Flat/apartment
Retirement village ¹
Simplex/duplex
Holiday home
Townhouse

¹A secure complex or retirement village means a complex with high perimeter walls with either razor coil wire or an electric fence on top of the perimeter walls. The complex must either have a 24-hour staffed security gate or access must be controlled by an intercom, remote control or registration at the gate.



Details		Premises 1	Premises 2
Occupied by you as		Owner	Owner
		Tenant	Tenant
Security	Burglar bars on all opening windows	O Yes O No	O Yes O No
protections requirements	Security gates on all opening doors	Yes No	Yes No
requirements	Alarm with armed response	Yes No	Yes No
	If yes, is a maintenance contract in place?	Yes No	Yes No
	Name of security service provider		
	Secure complex/retirement village	Yes No	Yes No
Buildings (Hor	me) Section		
and fences (oth) is defined as the private residence, all garages and o her than hedges); tennis and squash courts; structure address stated in the schedule.		
Finance noted (mortgagee)		29
Details		Premises 1	Premises 2
Sum covered		R	R
Optional cover			Maximum amount of cover
Accidental dama	age not otherwise covered	Yes No	R
Optional - Minimu	m R5,000; Maximum R100,000		
Breakdown of f	ixed machinery	Yes No	R
Optional - Minimu	m R5,000; Maximum R100,000		
Additional pow	er surge (optional to limited cover)	Yes No	R
Optional - Minimu	m R5,000; Maximum R100,000		n Pa
Full subsidence	and landslip	Yes No	R
(Geotechnical repo	ort required)		
Household Co	ntents Section		
The completion contents.	of the inventory form on the last page of this applic	ation will assist in establishing corre	ct current replacement cost of
Details		Premises 1	Premises 2
Sum covered		R	R
Are you entitled	d to a claim free discount?	Yes No	Yes No
If yes, name the	e company and attach proof of discount		
Business from h	nome	Yes No	Yes No
Limited to 35% of s	sum covered limited to R50,000		
Optional cover			Maximum amount of cover
Accidental dam	age not otherwise covered	Yes No	R
Optional - Minimu	m R5,000; Maximum R100,000		
Electrical and m	nechanical breakdown	Yes No	R
Optional - Minimu	m R5,000; Maximum :R100,000		
Additional power	er surge (optional to limited cover)	Yes No	R
Optional - Minimu	m R5,000; Maximum R100,000		, <u>, , , , , , , , , , , , , , , , , , </u>
Subsidence and	d landslip	O Yes O No	R
(Geotechnical repo	ort required)		



(m						
Specific Items (All Risks) Section						
Description				Maximum amou	nt of cover	
Unspecified				R		
Specified items					R	
1.					R	
2.					R	
3.					R	
4.					R	
Notes 1. Attach valuation certificates for iter 2. Where applicable, include serial nu 3. Describe items as fully and accurate	nbers of specified i		ng R5,000) and ind	clude photog	raphs if available.	
Personal Computer Equipment Se	ction				12	
Address of computer equipment						
Description					Maximum amou	nt of cover
Specified items					R	
1.					R	
2.			R			
3.			R			
4.			R			
Computer software O Yes O No R						
Optional cover						
Reinstatement of data (limited to laptops and desktops) Yes No R						
Motor Vehicle Section						
Details	Vehicle 1	L		Vehicle 2		
Year of manufacture						
Make and model						
Mead & McGrouther Code						
Maximum amount of cover (retail va	ue) R			R		
Agreed value R R (specific vehicle criteria if agreed)						
pe of cover Comprehensive Third party, fire and theft Third party only		rehensive party, fire and the party only rehensive excludi				
Class of use	OA OB OC OA			Ов	○ c	
 A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your home and permanent place of work, study or profession. B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession. C. Private use only: Social, domestic, pleasure purposes only. 						



Details	Vehicle 1	Vehicle 2
Registration number		
Vehicle identification number		
Engine number		
Finance house		
Claim free group		
Vehicle colour		
Overnight parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking
Security protection Yes No	Alarm Gearlock Immobiliser Tracking device Recovery identification	Alarm Gearlock Immobiliser Tracking device Recovery identification
Tracking device Yes No		
If yes, please give the following details and provide certificate		
Tracking device make and model		
Tracking device serial number		
Tracking device installation date		
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	Male Female	Male Female
Marital status	Cohabitant Divorced Married Single Separated Widower Widow	Cohabitant Divorced Married Single Separated Widower Widow
Additional driver terms		
Additional drivers Yes No		
Name, surname and identity number		
1.		
2.		
3.		



Details	Vehicle 1	Vehicle 2		
Optional cover	Maximum amount of cover	Maximum amount of cover		
Vehicle accessories (post manufacturing)				
Covered	Yes No	Yes No		
Items description				
Tow bar Yes No	R	R		
Leather seats Yes No	R	R		
Bluetooth Yes No	R	R		
Credit shortfall Yes No (Comprehensive cover only)	R	R		
Additional locks and keys Yes No	R	R		
Excess waiver Yes No	R	R		
Voluntary excess Yes No	R	R		
Additional wreckage				
removal Yes No	R	R		
Additional third				
party liability Yes No (Maximum limit up to R10,000,000)	R	R		
Optional cover extension				
Car hire				
Covered Yes No	Days 30 45	Days 30 45		
Motor Cycle Section				
Details	Cycle 1	Cycle 2		
Year of manufacture				
Make and model				
Mead & McGrouther Code				
Maximum amount of cover (retail value)	R	R		
Type of cover	Comprehensive	Comprehensive		
	Third party, fire and theft	Third party, fire and theft		
	Third party only	Third party only		
Class of use	Оа Ов Ос	Оа Ов Ос		
A. Private and limited professional and business use: Social, domestic, pleasure and professional use, including travel to and from your				
home and permanent place of work, study or profession.				
B. Private, professional and full business use: Social, domestic, pleasure, professional and full business use, including travel to and from your home and permanent place of work, study or profession.				
C. Private use only: Social, domestic, pleasure	purposes only.			
Engine capacity				
Imported or modified	Yes No	Yes No		



Deteile	Cuelo 1	Curlo 2
Details Registration number	Cycle 1	Cycle 2
Vehicle identification number		
Engine number		
Finance house		
Claim free group		
Overnight parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	Male Female	Male Female
	Cohabitant Divorced Married Single Separated Widower Widow	Cohabitant Divorced Married Single Separated Widower Widow
Additional driver terms		
Additional drivers Yes No		
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		
Optional cover	Maximum amount of cover	Maximum amount of cover
Credit shortfall Yes No (Comprehensive cover only)	R	R
Additional locks and keys Yes No	R	R
Additional wreckage removal Yes No	R	R



Quads and Off Road Section		
Details	Cycle 1	Cycle 2
Year of manufacture		
Make and model		
Maximum amount of cover (retail value)	R	R
Type of cover	Comprehensive	Comprehensive
Class of use	Ос	○ c
C. Private use only: Social, domestic, pleasure	e purposes only.	
Engine capacity		
Imported or modified	Yes No	Yes No
Registration number		
Vehicle identification number		
Engine number		
Financial house		
Overnight parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	Male Female	Male Female
Marital status	Cohabitant Divorced Married Single Separated Widower Widow	Cohabitant Divorced Married Single Separated Widower Widow
Additional driver terms		
Additional drivers	Yes No	Yes No
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		



Motorised Ride On Equipment such as O	Golfcarts, Sedgeway and Ride On Lawnmov	vers Section
Details	1	2
Year of manufacture		
Make and model		
Maximum amount of cover (retail value)	R	R
Type of cover	Comprehensive	Comprehensive
Class of use	O c	O c
C. Private use only: Social, domestic, pleasur	re purposes only.	
Engine capacity		
Imported or modified	Yes No	Yes No
Registration number		
Vehicle identification number		
Engine number		
Finance house		
Overnight parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking	Carport Locked carport Lockup garage Behind locked gates In the open Secure parking
Registered owner details		
Name and surname		
Identity number		
Principal driver details		
Name and surname		
Identity number		
Gender	Male Female	Male Female
Marital status	Cohabitant Divorced Married Single Separated Widower Widow	Cohabitant Divorced Married Single Separated Widower Widow
Additional driver terms		
Additional drivers	Yes No	Yes No
Name, surname and identity number		
1.		
2.		
3.		
4.		
5.		



Caravan/Trailer Section				
Details	Caravan/Trailer 1	Caravan/Trailer 2		
Year of manufacture				
Make and model				
Maximum amount of cover (retail value)	R	R		
Type of cover	Comprehensive	Comprehensive		
	Third party, fire and theft	Third party, fire and theft		
	Third party only	Third party only		
Class of use	ОА ОВ ОС	Оа Ов Ос		
A. Private and limited professional and busin	less use: Social, domestic, pleasure and profes	sional use, including travel to and from your		
home and permanent place of work, study				
	: Social, domestic, pleasure, professional and t	full business use, including travel to and from		
your home and permanent place of work, s C. Private use only: Social, domestic, pleasure				
		Over One		
Imported or modified	O Yes O No	O Yes O No		
Registration number Vehicle identification number				
Engine number				
Finance house				
Claim free group				
Overnight parking	Carport	Carport		
	Locked carport	Locked carport		
	Lockup garage Behind locked gates	Lockup garage Behind locked gates		
	In the open	In the open		
	Secure parking	Secure parking		
Registered owner details				
Name and surname				
Identity number				
Optional cover	Maximum amount of cover	Maximum amount of cover		
Credit shortfall Yes No (Comprehensive cover only)	R	R		
Additional locks				
and keys Yes No	R	R		
Windscreen Yes No	R	R		
Personal Legal Responsibility Section				
	Covered	Maximum amount of cover		
Personal legal responsibility (Compulsory)	Yes No	R2,500,000 R3,000,000 R4,000,000 R5,000,000		
Optional cover				
Business from home Yes No (included)				



Extended Personal Legal Responsibility Section				
		Covered	Maximum amount of cover	
Extended personal legal responsibility		Yes No	R10,000,000 R20,000,000	
Personal Accident Section				
Covered person				
Name and surname	-			
Identity number				
(Date of birth/passport number)				
Occupation				
Specific circumstances covered		Covered	Maximum amount of cover	
Death		Yes No	R	
Permanent total disablement (PTI	D)	Yes No	R	
Temporary total disablement (TTD per week)	O Yes O No	R	
TTD not exceeding 104 weeks		Yes No	R	
Additional medical expenses (medical certificate required)		O Yes O No	R	
Motor Personal Accident Section	on			
Cover type Any driver Any passenger and driver Named person(s)			Named person(s)	
If named person				
Name and surname				
Identity number				
Year of manufacture				
Make and model				
Registration number				
Number of units		Maximum amount of cover: Death and permanent total disablement	Maximum amount of cover: Medical expenses	
1.		R250,000	R10,000	
2.		R500,000	R20,000	
3.		R750,000	R30,000	
4.		R1,000,000	R40,000	
5.		R1,250,000	R50,000	
6.		R1,500,000	R60,000	
7.		R1,750,000	R70,000	
8.		R2,000,000	R80,000	
Legal Costs Section				
Specific items covered		Covered	Maximum amount of cover	
Plan type		A B C D	R70,000 R40,000 R20,000 R15,000	



Watercraft Section				
Vessel name				
Vessel type				
Cruising range				
(Limited to South African	Inland waters only?		() Yes	O No
territorial waters only - 12 nautical miles)	Inland and coastal waters?		O Yes	O No
				$\check{\sim}$
Will the vessel be used on inland	·		(Yes	O No
Hull construction	eted.			
Year of manufacturer				
-				
Vessel length Unit of measure				
Design speed			<u> </u>	
Auxiliary motors			9.7	
Glitter				
Claim free group	0.		1,	
Class of use	Ос			
C. Private use only: Social, domest				
What is your boat handling experi	ence as a skipper?			
			1 11	
Chinner contificate			10 27 7	
Skipper certificate	Covered		Maximum amount of cover	
Specific items covered) No		
Hull	O Yes) No	R	
Trailer	Yes () No	R	
Trailer description				
Trailer registration number		_		
Dinghy	O Yes) No	R	
Auxiliary motor (yachts)	O Yes) No	R	
Special equipment	Yes) No		
Special equipment items descrip	tion		Maximum amount of cover	
1.	9	2	R	
2.			R	
Inboard	Yes) No		
Outboard	Yes) No		



Outboard motor details					
Make and model					
Year					
Serial number					
Total maximum amount of cover for watercraft section		R			
Optional extension	Covered	Maximum amount of cover			
Road or rail transit	Yes No	R			
Racing risk sails (yacht racing)	Yes No	R			
Submerged objects	Yes No	R			
Third party additional sum covered	O Yes O No	R			
(maximum limit up to R750,000)	Tes O No	N.			
Passenger additional sum covered (maximum limit up to R750,000)	Yes No	R			
Water skiers extended sum covered	Yes No	R			



Monthly Debit Authority

The information required below is to enable your monthly contributions to be debited from your bank account.

Important: if you change your bank account please advise the Company immediately and forward details of your new account.

In the event that the banking details below are in the name of another person, written consent from the account holder is required. In the event that the banking details below are in the name of a company, written consent (from the director) on the company's letterhead and a cancelled cheque are required.

I hereby declare that Zurich Insurance Company South Africa Limited is authorised to debit the monthly contributions from my bank account stated below and to adjust such debit as necessary due to changes in cover, risk, sums covered or contributions.

Name of bank			
Branch name			
Branch number			
Account number			
Name of account holder			
Type of account			

Shari'ah Declaration

I agree to participate in the Takaful Waqf Fund "Fund" and that my contribution and/ or any investment income of the Fund, shall be credited to the Fund. Takaful Africa acting as Trustees of the Fund have appointed Zurich Insurance Company South Africa Limited to manage the Fund in accordance with the rules of the Fund.

I also agree that my contribution is an irrevocable donation to the Takaful Waqf Fund.

Declaration

Consent to information sharing

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidence of fraud and assessing risks fairly, future contribution increases may be limited. This is done in the public interest and in the interest of all current and potential participants. The sharing of information includes, but is not limited to, information sharing via the Information Data Sharing System operated by Zurich's service provider on behalf of the South African Insurance Association.

By the company accepting or renewing this agreement, you or any other person that is represented herein, give consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regard to past policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By covering or renewing your agreement, you hereby not only consent to such information sharing but also waive any rights of confidentiality with regard to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application, together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.

I declare that the information in this application is, to the best of my knowledge and belief, true and accurate in every respect and that no fact, circumstance or hazard that could affect the acceptance of my application has been withheld. I confirm that this application and declaration shall be the basis of this agreement between Takaful Africa, Zurich Insurance Company South Africa Limited and myself.

Lastly, I also confirm that I will not be a beneficiary of the Takaful Waqf Fund until this application has been accepted and any contributions due have been paid in full.

Signed at	on the	day	of	20	

Signature of participant



Contents Inventory at New Ro	-	_	_	_
Bedroom	1	2	3	4
Mattresses				
Bedside radios				
Tables, chairs, wardrobes				
Curtains, loose carpets				
Paintings, ornaments				
Linen, blankets, bedding				
Clothing, footwear				
Furs, jewellery			2	
Lamps				
Toys				
TV set, video, hi-fi				
Other				,
			Total R	
Study/workroom				
Desk, bookcases				
Tables, chairs				
Curtains, loose carpets				
Paintings, ornaments				
Sewing, knitting machine				
Camera, projector				
Firearms, binoculars				
				2
Typewriter, PC, fax machine				
Sporting equipment				
Reading lamps				5
Other				
			Total R	
Bathroom/toilet			1	2
Curtains, loose carpets				
Towels, linen				
Shaving equipment				
Hairdryer				
Toiletries				
Other				
			Total R	
Passage/entry hall				
Tables, chairs				
Curtains, loose carpets				
Paintings, ornaments				
Household heaters				
Linen stored				
Other				
Other			Total R	
			I Utal K	



Laundry					
Washing machine					
Tumble drier					
Iron, ironing board					
Curtains					
Linen stored					
Other					
	Total R				
Lounge					
Lounge suite					
TV, video, video games, DVDs					
Hi-Fi/Tape deck, CD player					
Records, tapes, CDs, DVDs					
Display cabinet, articles					
Curtains, loose carpets					
Paintings, ornaments					
Reading lamps					
Glassware					
Other					
	Total R				
Family room					
TV, video, video games, DVD					
Hi-Fi/Tape deck, CD player					
Records, tapes, CDs, DVDs					
Tables, chairs					
Curtains, loose carpets					
Paintings, ornaments					
Furniture, chairs)				
Reading lamps					
Glassware					
Other		3			
	Total R				
Dining room					
Dresser, sideboard					
Tables, chairs					
Crockery, glassware					
Cutlery, silverware	7				
Linen stored					
Reading lamps					
Display articles					
Hot tray					
Curtains, loose carpets					
Tea trolley					
	Total R				



Kitchen					
Fridge/freezer					
Dishwasher					
Mixer, blender					
Vacuum cleaner, polisher					
Electrical appliances					
Cutlery, crockery, glassware					
Furniture, chairs					
Groceries					
Utensils					
Microwave oven					
Other					
	Total R				
Garage/workshop					
Power/hand tools					
Workbench, vice					
Bicycles					
Lawnmover, roller					
Garden furniture					
Garden implements					
Braai equipment					
Camping equipment					
Swimming pool equipment		- -			
Welding equipment					
Other					
	Total R	-			
Domestic employee					
Bed, mattress)				
Wardrobe					
Tables, chairs					
Curtains, loose carpets					
Paintings, ornaments					
Linen, blankets, bedding					
Clothing, footwear					
Radio, TV, video					
Other					
Additional Information/Comments					
	1				