

**SENARAI SEMAKAN DOKUMEN PEMBIAYAAN**

NAMA :
 NO PEKERJA :
 NO. TELEFON/HP :

BIL	PERKARA	SEMAKAN ANGGOTA	SEMAKAN KOPTNB
DOKUMEN DIPERLUKAN BAGI PEMBIAYAAN BAI' AL'INAH BERJAMIN			
1.	Borang Permohonan Perlu Diisi Dengan Lengkap Dan Ditandatangani (Maklumat Permohonan Dan Maklumat Penjamin Minimum 2 Penjamin)		
2.	Salinan Penyata Gaji 3 Bulan (Terkini)		
3.	Salinan Kad Pengenalan Pemohon Dan Penjamin (Depan & Belakang)		
4.	Salinan Bil Utiliti (Air atau Elektrik)		
5.	Laporan CCRIS Bank Negara		
6.	Sila Nyatakan Jenis Pembiayaan, Jumlah Pembiayaan Dan Tempoh Bayaran Yang Ingin Dipohon		
7.	Sila Nyatakan Pilihan Pengambilan Cek (Salinan Penyata Bank, Jika Memilih Untuk Dimasukkan Ke Dalam Akaun Bank "Akaun Bank Pemohon Sahaja")		
8.	Mempunyai Yuran Dan Syer Sekurang-Kurangnya 10% Daripada Jumlah Pembiayaan Dipohon		
9.	Sila dapatkan pengesahan status perkhidmatan		
DOKUMEN DIPERLUKAN BAGI PEMBIAYAAN BAI' AL'INAH TANPA BERJAMIN			
1.	Borang Permohonan Perlu Diisi Dengan Lengkap Dan Ditandatangani (Maklumat Permohonan)		
2.	Salinan Penyata Gaji 3 Bulan (Terkini)		
3.	Salinan Kad Pengenalan Pemohon Sahaja (Depan & Belakang)		
4.	Salinan Bil Utiliti (Air atau Elektrik)		
5.	Melanggan Etiqa Takaful/Insurans		
6.	Sila Nyatakan Jenis Pembiayaan, Jumlah Pembiayaan Dan Tempoh Bayaran Yang Ingin Dipohon		
7.	Sila Nyatakan Pilihan Pengambilan Cek (Salinan Penyata Bank, Jika Memilih Untuk Dimasukkan Ke Dalam Akaun Bank "Akaun Bank Pemohon Sahaja")		
8.	Mempunyai Yuran Dan Syer Sekurang-Kurangnya 10% Daripada Jumlah Pembiayaan Dipohon		
9.	Sila dapatkan pengesahan status perkhidmatan		
DOKUMEN DIPERLUKAN BAGI PEMBIAYAAN BAI' AL'INAH YURAN DAN QARD			
1.	Borang Permohonan Perlu Diisi Dengan Lengkap Dan Ditandatangani (Maklumat Permohonan)		
2.	Salinan Penyata Gaji 3 Bulan (Terkini)		
3.	Salinan Kad Pengenalan Pemohon Sahaja (Depan & Belakang)		
4.	Salinan Bil Utiliti (Air atau Elektrik)		
5.	Sila Nyatakan Jenis Pembiayaan, Jumlah Pembiayaan Dan Tempoh Bayaran Yang Ingin Dipohon		
6.	Sila Nyatakan Pilihan Pengambilan Cek (Salinan Penyata Bank, Jika Memilih Untuk Dimasukkan Ke Dalam Akaun Bank "Akaun Bank Pemohon Sahaja")		
DOKUMEN-DOKUMEN LAIN YANG PERLU DITANDATANGANI			
1.	Sila Pastikan Borang Pengumpulan Data Anggota Koperasi TNB Diisi Dengan Lengkap (Data Kenderaan)		
2.	Sila Pastikan Borang Penzahiran Data Maklumat Anggota (PDPA) Diisi Dengan Lengkap		

Borang yang telah lengkap diisi perlu dihantar atau pos ke alamat pejabat Koperasi TNB. ((TIDAK BOLEH FAKS atau EMEL)))

CATATAN (Untuk Kegunaan Pejabat Koperasi)



JADUAL BAYARAN BALIK PEMBIAYAAN BAI AL-INAH

BULAN	12	18	24	30	36	48	60	72	84
1,000	88	61	47						
2,000	177	121	94	77	66				
3,000	265	182	140	115	99				
4,000	353	242	187	153	131				
5,000	442	303	233	192	164				
6,000	530	363	280	230	197	155			
7,000	618	424	327	268	229	181			
8,000	706	484	373	306	262	206			
9,000	795	545	420	345	295	232			
10,000	883	605	466	383	327	258			
11,000	971	666	513	421	360	284			
12,000	1,059	726	559	459	393	309			
13,000	1,148	787	606	498	426	335			
14,000	1,236	847	653	536	458	361			
15,000	1,324	908	699	574	491	387			
16,000	1,412	968	746	612	524	412	346		
17,000	1,501	1,029	792	651	556	438	367		
18,000	1,589	1,089	839	689	589	464	389		
19,000	1,677	1,149	886	727	622	490	411		
20,000	1,765	1,210	932	765	654	515	432	377	
21,000	1,854	1,270	979	804	687	541	454	395	
22,000	1,942	1,331	1,025	842	720	567	475	414	
23,000	2,030	1,391	1,072	880	752	593	497	433	
24,000	2,118	1,452	1,118	918	785	618	518	452	
25,000	2,207	1,512	1,165	957	818	644	540	471	421
26,000	2,295	1,573	1,212	995	851	670	562	489	438
27,000	2,383	1,633	1,258	1,033	883	696	583	508	455
28,000	2,471	1,694	1,305	1,071	916	721	605	527	471
29,000	2,560	1,754	1,351	1,110	949	747	626	546	488
30,000	2,648	1,815	1,398	1,148	981	773	648	565	505
31,000	2,736	1,875	1,445	1,186	1,014	799	670	583	522
32,000	2,824	1,936	1,491	1,224	1,047	824	691	602	539
33,000	2,913	1,996	1,538	1,263	1,079	850	713	621	556
34,000	3,001	2,057	1,584	1,301	1,112	876	734	640	572
35,000	3,089	2,117	1,631	1,339	1,145	902	756	659	589

tertakluk kepada terma & syarat

KOPERASI TNB

Bahagian Pembiayaan

NO. 96, JALAN BANGSAR, 59200 KUALA LUMPUR

Tel : 03-2282 4660 Fax : 03-2282 7680

Untuk maklumat lanjut, sila hubungi :

TELEFON :

03-2282 4660

SMS/Whatsapp

019-2367264

SAMBUNGAN :

Pn. Linda - 114
En. Mohd Noor - 118
Cik. Atikah - 120

Pakej

Kadar Keuntungan
(Setahun)

Tempoh
Bayaran

Bai Al-Inah
<RM1,000

5.9%

24 bulan

Bai Al-Inah
<RM5,000

5.9%

36 bulan

Bai Al-Inah
tanpa penjamin

5.9%

48 bulan

Bai Al-Inah
berjamin

5.9%

tertakluk kepada jumlah
pembiayaan & kelayakkan
potongan gaji



KOPERASI TNB

96, JALAN BANGSAR, 59200 KUALA LUMPUR

PERMOHONAN PEMBIAYAAN

JENIS PEMBIAYAAN **Sila tanda** jenis permohonan anda

- Bai' al 'Inah T/Penjamin (Takaful) Bai' al 'Inah Yuran.
 Bai' al 'Inah Berjamin. Pembiayaan Qard

Tarikh No. Rujukan

Jumlah Dipohon **RM**

Tempoh Bayaran Pembiayaan

6 / 12 / 24 / 36 / 48 / 60 / 72 / 84

Dokumen-dokumen Pemohon & Penjamin Yang Diperlukan

- 1 x Salinan Penyata Gaji Terbaru (3 Bulan) 1 x Bil utiliti (1 Sahaja)
 1 x Salinan Kad Pengenalan (Pemohon & Penjamin) Laporan CCRIS Bank Negara (Jika mohon pembiayaan melebihi RM25,000)

*** Sila isi borang ini dengan lengkap dan lampiran diperlukan untuk mempercepatkan proses kelulusan.**

PERHATIAN

Berdasarkan SOP Koperasi TNB, pembayaran pembiayaan akan dibuat dalam tempoh 5 hari bekerja. Anggota tidak dibenarkan membuat sebarang bayaran tunai kepada mana-mana individu yang mendakwa boleh mempercepatkan proses pengeluaran pembiayaan.

MAKLUMAT PERMOHONAN

Nama Penuh : <i>Sila isikan nama penuh mengikut kad pengenalan anda</i>		No. K/P (Baru) :
Alamat Kediaman :		No. Pekerja : No. Anggota :
		Jawatan :
		Gaji Pokok : RM
Poskod :	Negeri :	Tel Pejabat :
Alamat Pejabat :		Tel Rumah :
		Tel Bimbit :
		Alamat Emel :
Poskod :	Negeri :	Nama Ibu :

MAKLUMAT PENJAMIN - PENJAMIN PEMBIAYAAN BERJAMIN SAHAJA

PENJAMIN 1 : Nama : No. Anggota : No. Pekerja : No. K/P : Tel Bimbit : Gaji Pokok : RM..... <hr/> <p style="text-align: center;">Tandatangan Penjamin 1</p>	PENJAMIN 2 : Nama : No. Anggota : No. Pekerja : No. K/P : Tel Bimbit : Gaji Pokok : RM..... <hr/> <p style="text-align: center;">Tandatangan Penjamin 2</p>
PENJAMIN 3 : Nama : No. Anggota : No. Pekerja : No. K/P : Tel Bimbit : Gaji Pokok : RM..... <hr/> <p style="text-align: center;">Tandatangan Penjamin 3</p>	PENJAMIN 4 : Nama : No. Anggota : No. Pekerja : No. K/P : Tel Bimbit : Gaji Pokok : RM..... <hr/> <p style="text-align: center;">Tandatangan Penjamin 4</p>

PENGAKUAN PENJAMIN

Saya penjamin yang menurunkan tandatangan diatas , dengan ini mengaku serta faham dan menerima tanggungjawab secara berseorangan atau bersama-sama sebagai penjamin sekiranya peminjam _____

No. Kad Pengenalan : _____ gagal menjelaskan pinjaman / pembiayaan yang telah diluluskan berjumlah RM _____ atau sebarang ansuran yang dikenakan maka Anggota Lembaga KOP TNB atau pegawai yang diberi kuasa adalah berhak mendapatkan baki pembiayaan tersebut dengan cara potongan gaji saya atau mana-mana cara yang difikirkan sesuai.

PENGAKUAN PEMOHON

Saya mengaku bahawa :-

1. Saya berkecualan mendapat pinjaman / pembiayaan ini berpandukan Undang-undang Kecil KOPERASI TNB.
2. Butir-butir yang diberikan adalah betul dan benar belaka.
3. Saya berupaya membayar balik pinjaman / pembiayaan ini berserta dengan bayaran perkhidmatannya.
4. Saya bersetuju menerima jumlah pinjaman / pembiayaan yang kurang daripada jumlah yang dipohon mengikut budi bicara KOPERASI TNB.
5. Saya bersetuju mematuhi syarat-syarat yang akan ditetapkan dan mengaku bahawa KOPERASI TNB berhak menolak / menarik balik kelulusan dan menuntut balik semua jumlah pinjaman / pembiayaan yang telah dikeluarkan sekiranya maklumat-maklumat yang diberikan tidak benar atau melanggar mana-mana peraturan / syarat yang telah ditetapkan.
6. Saya memberi kuasa kepada **KOPERASI TENAGA NASIONAL BHD** untuk menuntut bayaran dari pampasan yang bakal saya terima bagi tujuan menjelaskan apa-apa baki pinjaman / pembiayaan dan bayaran yang masih tertunggak dengan KOP TNB semasa saya menjadi ahli KOP TNB.
7. Saya juga memberi kuasa kepada Ketua Akauntan TNB, untuk memotong pinjaman/pembiayaan KOP TNB ini dari gaji saya bagi membayar balik wang pokok serta :-
 - a) Kadar keuntungan atas Pembiayaan Syariah (Kadar rata)
 - Pembiayaan Bai-Al Inah Berjamin 5.9%
 - Pembiayaan Bai-Al Inah Tanpa penjamin 5.9%
 - Pembiayaan Bai-Al Inah Yuran 5.9%
 - Pembiayaan Bai-Al Inah Insurans kenderaan 5.9%
 - b) Kadar faedah atas pinjaman kepada anggota (Berdasarkan baki tahunan berkurangan) atas wang pokok mulai daripada bulan selepas pinjaman /pembiayaan itu dibayar kepada saya

TANDATANGAN PEMOHON

Tandatangan

No. Pekerja

Tarikh

PENGESAHAN STATUS PERKHIDMATAN (KECUALI PEMBIAYAAN QARD & YURAN)

Saya dengan ini mengesahkan bahawa nama pemohonan di atas telah memberikan maklumat yang benar dan pemohon tidak dikenakan tindakan dibawah.

(Sila tandakan dibawah jika ada)

- | | |
|--|--|
| <input type="checkbox"/> Tindakan tatatertib | <input type="checkbox"/> Proses bersara dari TNB |
| <input type="checkbox"/> Faktor Kesihatan | <input type="checkbox"/> Anak syarikat TNB |
| <input type="checkbox"/> Cuti tanpa gaji | |
| <input type="checkbox"/> Proses berhenti TNB | |

Tandatangan & Cop Rasmi Ketua Jabatan

COP
RASMI

KELAYAKKAN DAN SYARAT-SYARAT

- Khas untuk Anggota KOPERASI TNB sahaja.
- Berjawatan tetap dan telah menjadi anggota selama 3 bulan.
- Maksimum pinjaman / pembiayaan RM35,000 atau 9 kali gaji bulanan termasuk 2 elaun iaitu pengangkutan dan elektrik.
- Tempoh bayaran ansuran sehingga 84 bulan sahaja.
- Mempunyai yuran dan saham sekurang-kurangnya 10% daripada pinjaman/pembiayaan.

PILIHAN PENGAMBILAN CEK.

- SILA POSKAN CEK TERSEBUT KE ALAMAT (**RUMAH** **PEJABAT**)
- DATANG SENDIRI UNTUK MENGAMBIL CEK TERSEBUT (**Cek Tunai** **Berpalang**)
- SILA MASUKKAN KE DALAM AKAUN SAYA :-

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> MAYBANK | <input type="checkbox"/> CIMB |
| <input type="checkbox"/> PUBLIC BANK | <input type="checkbox"/> RHB |
| <input type="checkbox"/> BSN | <input type="checkbox"/> BANK RAKYAT |
| <input type="checkbox"/> Lain-lain (sila nyatakan): | |

No. Akaun :

Hubungi Kami:-

KOPERASI TNB
96, JALAN BANGSAR, 59200 KUALA LUMPUR
No. Tel : 03-2282 4660 No. Faks : 03-2282 7680
e-mail : membersmail@ktnb.com.my
Website : www.koptnb.com

Nama : _____
No. Pekerja : _____

Tarikh : _____

Alamat Pejabat / Rumah:-

Kepada :-

**BAHAGIAN SUMBER MANUSIA KUMPULAN
TENAGA NASIONAL BERHAD
NO 129, JALAN BANGSAR
59200 KUALA LUMPUR**

Tuan,

PENZAHIRAN DATA MAKLUMAT ANGGOTA – AKTA PERLINDUNGAN DATA PERIBADI, 2010 (AKTA 709)
(merujuk pekeliling dikeluarkan pada 14 Februari 2014)

Perkara di atas adalah dirujuk.

2. Saya bersetuju dan memahami dengan jelas Akta Perlindungan Data Peribadi, 2010 (Akta 709) yang dinyatakan di muka surat dua (2).
3. Saya bersetuju memberi kebenaran kepada Tenaga Nasional Berhad dan Koperasi TNB untuk menyediakan maklumat peribadi yang diperlukan oleh kedua-dua organisasi bagi tujuan berikut:
 - a. Untuk memberi kebenaran kepada Koperasi memaklumkan jumlah pembiayaan dan potongan gaji bulanan kepada Tenaga Nasional Berhad.
 - b. Untuk memberi kebenaran kepada Tenaga Nasional Berhad memaklumkan kepada Koperasi TNB notis menamatkan perkhidmatan / bersara yang diterima dari saya.
 - c. Untuk memberi kebenaran kepada Koperasi TNB memaklumkan baki pembiayaan kepada Tenaga Nasional Berhad sekiranya saya menamatkan keanggotaan Koperasi TNB atau menamatkan perkhidmatan / bersara dari Tenaga Nasional Berhad.
 - d. Untuk memberi kebenaran kepada Tenaga Nasional Berhad membuat potongan dari faedah persaraan dan pampasan yang bakal saya terima bagi tujuan menjelaskan apa-apa jua baki pembiayaan dan bayaran yang masih tertunggak dengan Koperasi TNB.
 - e. Untuk urusan bayaran balik wang anggota yang masih tersimpan di Koperasi TNB, sekiranya ada.

Sekian, terima kasih.

“Dengan Salam Koperasi”

Yang benar,

Tandatangan



KOPERASI TENAGA NASIONAL BERHAD
96, Jalan Bangsar, 59200 Kuala Lumpur.
Tel: 03-2282 4660/4399/4736 Fax: 03-2282 7680/1267/3419
E-mel: membersmail@ktnb.com.my Website: www.koptnb.com

**KEBENARAN PENZAHIRAN MAKLUMAT KREDIT INDIVIDU
Sistem Pelaporan Kredit ANGKASA Dan RAM CREDIT INFO**

PENDEDAHAN

Pemohon dengan ini membenarkan **Koperasi Tenaga Nasional Berhad / ANGKASA** dan / atau pegawainya untuk menggunakan, mendedahkan, memberitahu apa-apa maklumat berhubung dengan akaun SPGA / beliau untuk tujuan atau berhubung dengan apa-apa tindakan atau prosiding diambil bagi tujuan penilaian kredit atau bayaran balik di bawah Terma dan Syarat ini;

Pemohon dengan ini membenarkan **Koperasi Tenaga Nasional Berhad / ANGKASA** dan / atau pegawainya untuk penzahiran apa-apa maklumat individu yang berkaitan dengan kedudukan kredit, kemudahan atau akaun butiran pemohon kepada RAM Credit Information Sdn Bhd ("RAMCI") dan pelanggan RAMCI termasuk Bank / Institusi kewangan, syarikat yang perlu; mengikut cara yang di anggap perlu berkaitan dengan maksud yang berikut.

Pemohon dengan ini memberi kebenaran kepada RAMCI bagi pendedahan maklumat kredit, termasuk maklumat kredit perbankan kepada **Koperasi Tenaga Nasional Berhad / ANGKASA** dan / atau pegawainya bagi maksud yang berikut seperti yang dinyatakan di bawah seksyen 24, menurut Akta Pelaporan Kredit 2010. Persetujuan hendaklah kekal terpakai selagi pemohon mengekalkan akaun/ pinjaman/ Kredit/ apa-apa transaksi dengan organisasi.

Tujuan pendedahan termasuk tetapi tidak terhad kepada :-

- Pembukaan akaun
- Penilaian / Pemarkahan kredit,
- Kredit / Semakan akaun
- Kredit / Pemantauan akaun
- Kedudukan / Pemantauan akaun individu,
- Tujuan pemulihan hutang,
- Dokumentasi undang-undang dan/atau tindakan berkenaan kontrak atau kemudahan kredit yang telah diberi.

Koperasi Tenaga Nasional Berhad / ANGKASA / RAMCI tidak akan bertanggungjawab sama ada secara langsung atau tidak langsung kepada Pemohon atau mana-mana orang lain untuk pendedahan sedemikian.

TANDATANGAN PEMOHON

Nama seperti di Kad pengenalan:

NO. K/P :

TARIKH :

DISAKSIKAN OLEH WAKIL KOPERASI TNB

Nama seperti di Kad Pengenalan (wakil) :

NO. K/P :

Cop Rasmi

TARIKH :

PERKELILING PDDPA ANGGOTA

KOPERASI TENAGA NASIONAL BERHAD



Ruj. Kami : KOP TNB/PDPA/2014
 96 JALAN BANGSAR
 PETI SURAT 11065
 50734 KUALA LUMPUR.

14 Februari 2014

Kepada : Semua Anggota Koperasi TNB

PEKELILING PENGUATKUASAAN AKTA PERLINDUNGAN DATA PERIBADI, 2010 (AKTA 709)

Tujuan	<p>Penyeting ini dikeluarkan bagi memberikan maklumat tambahan dengan pengukuasaan Akta Perlindungan Data Peribadi 2010 (AKTA 709).</p>
LatarBelakang	<ol style="list-style-type: none"> 1. Akta Perlindungan Data Peribadi 2010 (AKTA 709) telah diluluskan oleh Parlimen dan seterusnya diwartakan pada 10 Jun 2010. Akta ini mula berkuatkuasa pada 15 November 2013. Bekas penasihat undang-undang Akta ini, anggota Koperasi TNB selaku Setiausaha Data dan Koperasi TNB selaku Pengerusi Data adalah merupakan pihak yang terlibat secara langsung dalam penyusunan Data Peribadi di dalam Koperasi TNB. 2. Menjadi amalan Koperasi TNB untuk tidak mendedahkan apa-apa butiran peribadi anggota kepada pihak yang tidak berkenan. Oleh itu, dengan berkuatkuasanya Akta Perlindungan Data Peribadi 2010 ini, hanya akan mengizinkan lajur polis yang memang diperlukan oleh Koperasi TNB sahaja ini. 3. Pada masa ini semua Data Peribadi anggota disimpan di dalam Sistem Keanggotaan Koperasi Tenaga Nasional Berhad dan selain sah di dalam tal peribadi anggota. Semua Data Peribadi ini hanya boleh diakses oleh pegawai-pegawai yang berkenaan sahaja. Bagaimanapun, semua anggota sebagai Sokok Data hendak menentang dan mengemukakan Data Peribadi tersebut sekiranya perlu dengan mengemukakan pegawai di bahagian Keanggotaan.
Pelaksanaan	<ol style="list-style-type: none"> 5. Koperasi TNB akan memproses data peribadi anda seperti yang disenaraikan di bawah, yang telah diberikan oleh anda kepada Koperasi TNB. <ul style="list-style-type: none"> • nama; • alamat; • nombor kad pengenalan; (seandainya – yang berkenaan) • gaji pokok

Pendedahan Data Peribadi	<ol style="list-style-type: none"> 6. Koperasi TNB akan memproses data peribadi tersebut bagi tujuan-tujuan yang berikut: <ul style="list-style-type: none"> • untuk membantu menyediakan produk dan perkhidmatan koperasi; • untuk penyenggaraan perkhidmatan data anggota dan proses-proses yang berkaitan dengan perkhidmatan keanggotaan; • untuk tujuan urusan insurans; • untuk tujuan kewangan dan bil. termasuk bayaran untuk perkhidmatan yang disediakan oleh Koperasi TNB (termasuk kesemua transaksi yang berkaitan) perakaunan; • untuk memenuhi keperluan undang-undang; • untuk pembayaran dividen; • untuk menjalankan akaun; • untuk menyalah sebarang pertanyaran; • untuk tujuan penyelidikan termasuk penyirnganan rekod sejarah dan statistik; • bagi tujuan operasi dan penyenggaraan perkhidmatan yang disediakan oleh Koperasi TNB secara umum; • untuk tujuan pemindahan data peribadi yang disimpan oleh Koperasi TNB dan semasa ke semua; • untuk tujuan komunikasi berkala dengan anda (selain daripada bahan-bahan pemasaran langsung) berkenaan dengan perkhidmatan yang disediakan oleh Koperasi TNB; dan 7. Koperasi TNB menyalah data peribadi tersebut. Sekiranya anda tidak membolehkan semua maklumat seperti yang diminta, Koperasi TNB tidak akan dapat menjalankan rekod lengkap mengenai anda, dan justeru itu akan membolehkan kejayaan untuk mencapai tujuan seperti dinyatakan di atas. 8. Koperasi TNB mungkin mendedahkan data peribadi tersebut kepada pihak-pihak berikut bagi tujuan seperti yang dinyatakan di atas: <ul style="list-style-type: none"> • Ejen-jen dan penyedia perkhidmatan Koperasi TNB yang menyediakan perkhidmatan yang berkaitan dengan tujuan data peribadi tersebut dikumpul; • Pihak ketiga yang menyediakan perkhidmatan pemprosesan data.
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Asas, Penerimaan dan Aduan	<ul style="list-style-type: none"> • Di dalam keadaan di mana kewilafahan atau kerengsaan pembayaran telah berlaku, data peribadi tersebut akan disediakan kepada pegawai yang sah sahaja oleh Koperasi TNB, agensi kutipan hutang dan agensi rujukan kredit; dan • Mana-mana individu yang di bawah kewilafahan kerengsaan yang telah mengalu janji untuk memastihkannya data tersebut diwujudkan. <p>9. Koperasi TNB juga mungkin akan mendedahkan data peribadi tersebut jika dikehendaki berbuat demikian oleh undang-undang atau secara rasmi baik, jika tindakan tersebut adalah perlu bagi (i) memulau kewilafahan mana-mana agensi pengukuasaan undang-undang, pemulau maklumat atau proses undang-undang atau (ii) melindungi dan mempertahankan hak atau harta Koperasi TNB, pakejnya dan syarikat-syarikat yang berkaitannya.</p>
Pemakaian	<p>10. Jika anda ingin membuat sebarang pertanyaran atau aduan atau permohonan untuk akses atau pembatalan ke atas data peribadi, anda boleh menghubungi Pegawai di Koperasi TNB, Kuala Lumpur dengan menelpon di talian 03-2282 4650 atau faxkan di talian 03-2282 7680 dari pukul 8.00 hingga 5.15 petang dan juga boleh e-melkan di membermail@tnb.com.my.</p> <p>11. Jika anda memilih untuk membatalkan hak Koperasi TNB untuk memproses data peribadi, anda boleh memaklumkan kepada Pegawai di Koperasi TNB, Kuala Lumpur secara berulis.</p> <p>12. Pekeliling Pengukuasaan Akta Perlindungan Data Peribadi 2010 (AKTA 709) berkuatkuasa serta merta.</p>

Selatan, terima kasih,
 Yang benar,

 MOHD ROSZUZI BIN WAJID
 Setiausaha

"Dengan Selahan Koperasi"

**KOPERASI TNB**

96, JALAN BANGSAR, 59200 KUALA LUMPUR

**BORANG MAKLUMAT ANGGOTA KOPERASI TNB
TAKAFUL KENDERAAN**

Nama Anggota	
No. Pekerja	
No. Telefon	
Alamat	

Maklumat kenderaan untuk insuranskan.

No.	No. Kenderaan	Tarikh Tamat Tempoh / Cukai Jalan
1		
2		
3		
4		
5		

Tandatangan: _____ Tarikh: _____

Tambahan:

Sekiranya tuan/puan memerlukan khidmat membuat insurans / cukai jalan kenderaan, dokumen yang diperlukan seperti di bawah

DOKUMEN DIPERLUKAN:

1. Salinan kad pengenalan
2. Salinan penyata gaji terkini (1bulan)
3. Salinan geran/polisi insurans lepas setiap kenderaan
4. Borang Keanggotaan Baru Koperasi TNB (untuk anggota baru sahaja)

- ▶ Kenderaan milik sendiri atau keluarga.
- ▶ Pinjaman untuk 5 buah kenderaan dengan had maksimum pinjaman RM 5000.
- ▶ Cukai jalan akan dihantar terus ke pejabat atau rumah berdasarkan alamat diberi.
- ▶ Boleh perbaharui insurans/cukai jalan sebulan sebelum tarikh tamat.
- ▶ Pemohon akan dihubungi semula oleh pegawai Koperasi TNB 2 minggu sebelum insurans/cukai jalan tamat.
- ▶ Diskaun 5% diberikan jika pembayaran insurans secara tunai.

HUBUNGI:

TEL: 03-2284 8070 (Rasidah/Razak/Fasehah)

Faks: 03-2282 7680

Emel: fasehah@ktnb.com.my/rashidah@ktnb.com.my

Alamat : Koperasi Tenaga Nasional Berhad, 96 Jalan Bangsar, 59200 Kuala Lumpur

GROUP MUTIARA PLUS TAKAFUL- APPLICATION FORM

Etiqa Family Takaful Berhad ("Etiqa Family Takaful") is licensed under the Islamic Financial Services Act 2013 to transact both family and general Takaful business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Before you sign this Application Form, please read the IMPORTANT NOTICE and if you require, obtain a full and detailed explanation of the notes mentioned in the IMPORTANT NOTICE.

IMPORTANT NOTICE

1. In this application form, unless stated otherwise, the words "I/we, you/your, me/us and my/our" means Participant/Person Covered wherever applicable.
2. In accordance with the requirements of Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, you must answer all questions and make the required declarations in this application, and these answers and declarations must be accurate and complete.
3. You must notify Etiqa Family Takaful in writing should there be a change to any answer or declarations in this application, prior to the date of issuance of the certificate of Takaful.
4. Acceptance of your application shall be subject to underwriting assessment. Cover will commence upon issuance of the certificate.
5. Please notify the Takaful Intermediary or Etiqa Family Takaful of any change in your correspondence address and contact details including the amendments to nominee(s) and/or executor(s), to enable Etiqa Family Takaful to effectively communicate with you.
6. Please contact Etiqa Family Takaful's Customer Contact Centre if you do not receive the certificate after thirty (30) business days upon the submission of this application and all supporting documents.
7. Please ensure you receive Etiqa Family Takaful's official receipt within a reasonable time but not less than thirty (30) calendar days, failing which you should contact Etiqa Family Takaful. It is important to retain the official receipt as proof of contribution payment.
8. Please provide evidence of age (such as a copy of your NRIC) together with this application, as it is a pre-requisite for payment of Takaful benefits. If age is misstated, the benefits, the surplus distributed (if any), the contributions, or the expiry date of the certificate may be varied.
9. Please ensure that the Takaful Intermediary presents and fully explains the recommended plan in the language that you understand, and provides you with the product disclosure sheet for your consideration. Please seek clarification from the Takaful Intermediary should you not understand any of the terms and conditions therein.
10. If anyone induces or attempts to induce you to terminate your existing certificate, please report to Etiqa Family Takaful's Customer Contact Centre immediately.
11. If you have an enquiry or require further information, please contact Etiqa Family Takaful's Customer Contact Centre via e-mail at info@etiqa.com.my or by calling 1-300-13-8888 from Malaysia. If you have a complaint, dispute or feedback, please contact Etiqa Family Takaful's Complaints Unit via e-mail at cmu@etiqa.com.my, by calling 1-300-13-8888 within Malaysia or +603-2780-4500 from overseas, by facsimile to +603-2785-3093, or by post to Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
12. If you are dissatisfied with the conduct of Etiqa Family Takaful, you may refer to Bank Negara Malaysia via e-mail at bnmtelemail@bnm.gov.my, by calling at 1 300 88 5465, by facsimile to +603 2174 1515, or by post to Pengarah, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur. If you dispute a decision made by Etiqa Family Takaful, you may refer to the Ombudsman for Financial Services via e-mail at enquiry@ofs.org.my, by calling at +603 2272 2811, by facsimile to +603 2272 1577, or by post to Level 14, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
13. The Consumer Education Programme is available at www.insuranceinfo.com.my.

INSTRUCTIONS: Please complete in full and in CAPITAL LETTERS and tick (✓) boxes as appropriate. Use BLACK ink only.

*Mandatory fields to be completed

A: PERSONAL DETAILS OF PRINCIPAL PERSON COVERED ONLY			
Language for Correspondence	<input type="checkbox"/> Bahasa Malaysia	<input type="checkbox"/> English	
*Master Contract No. / Name of Contract Holder			
*Type of Application/Contribution	<input type="checkbox"/> New Application, RM _____ <input type="checkbox"/> Inclusion of Covered Member <input type="checkbox"/> Contribution Revision, from RM _____ to RM _____		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Dato' <input type="checkbox"/> Tan Sri <input type="checkbox"/> Datin <input type="checkbox"/> Puan Seri <input type="checkbox"/> Other <input type="checkbox"/> Ms <input type="checkbox"/> Datuk <input type="checkbox"/> Datuk Seri <input type="checkbox"/> Tun <input type="checkbox"/> Datin Seri <input type="checkbox"/> Toh Puan _____		
*Full Name (As per NRIC or Passport)			
*ID Type	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Other (please specify) _____		
*ID Type Number		*New NRIC Number	
*Date of Birth			*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Marital Status	*Race		*Religion
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____		
*Residential Address (with Postcode)	Town/City: _____ Postcode: _____ State: _____ Country: _____		
*Mailing Address (with Postcode), if different from Residential Address	Town/City: _____ Postcode: _____ State: _____ Country: _____		

*Telephone Number	Office	House
	Mobile	Fax
E-mail		*Occupation (state the exact duty)
Staff No.		Salary No.
*Name of Employer:		*Nature of Business: (if self-employed)
*Business/ Employer Address	Town/City: _____ Postcode: _____ State: _____ Country: _____	
*Part Time Job (if any)		

B. PRINCIPAL PERSON COVERED'S BANK ACCOUNT* DETAIL FOR RECEIVING BENEFIT PAYMENTS AND REFUNDS OF CONTRIBUTION

Bank Name	
Bank Account Number	
Bank Branch Address	

*The Principal Person Covered's Bank Account must be maintained in Malaysia. In the case of an account outside Malaysia, please make a written request, providing account details to Etiqa Family Takaful. Etiqa Family Takaful reserves the right to agree or decline the request, and will advise you in writing. The Principal Person Covered must furnish a copy of the bank passbook or bank statement for verification of account details.

C: FOR PERSON COVERED (PRINCIPAL'S SPOUSE AND CHILD/CHILDREN) (IF ALSO APPLYING TO BE COVERED)

Type of Details	Spouse	Child 1
*Name (As per NRIC or Passport)		
*ID Type:	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____
*ID Type Number		
*New NRIC Number:		
*Date of Birth		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____
*Race		
*Religion		
*Marital Status		
*Occupation		
*Name of Employer		
*Nature of Business (if self employed)		
<input type="checkbox"/> *New Application: <input type="checkbox"/> Contribution Revision	RM _____ From: RM _____ to RM _____	RM _____ From: RM _____ to RM _____
Type of Details	Child 2	Child 3
*Name (As per NRIC or Passport)		
*ID Type:	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army Identity Card <input type="checkbox"/> Police Identity Card <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify) _____
*ID Type Number		
*New NRIC Number:		
*Date of Birth		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other (please specify) _____

*Race		
*Religion		
*Marital Status:		
*Occupation		
*Name of Employer		
*Nature of Business (if self employed)		
<input type="checkbox"/> * New Application: <input type="checkbox"/> Contribution Revision	Contribution: RM _____ Contribution: From: RM _____ To RM _____	Contribution: RM _____ Contribution From: RM _____ to RM _____

D: HEALTH DECLARATION (TO BE COMPLETED FOR SUM COVERED APPLIED ABOVE FREE COVER LIMIT)

		Principal Person Covered	Spouse	Child 1	Child 2	Child 3
1	What is your current height (in cm)?	.....cm	.....cm	.....cm	.....cm	.....cm
2	What is your current weight (in kg)?	.....kg	.....kg	.....kg	.....kg	.....kg
3	Do you smoke? If yes how many sticks per day and how long have you been smoking? Principal Person Covered:..... sticks/day for..... year(s) Spouse :..... sticks/day for .....year(s)	Yes No				
4	Have you ever had, been diagnosed, or been treated, with an illness/disease/disorder/condition, directly or indirectly related to the following:					
	a) Cancer, tumor, cyst, abnormal lump/growth/swelling, leukemia, melanoma or lymphoma	Yes No				
	b) Heart, blood vessels, lymph, lymph glands (including coronary artery disease, heart attack, heart murmur, hypertension, high cholesterol, stroke)	Yes No				
	c) Blood (including anemia, thalassemia, low platelet count, bleeding problems or any other blood disorder)	Yes No				
	d) Lungs (including pneumonia, tuberculosis)	Yes No				
	e) Gall bladder, liver, stomach, esophagus, bowel (including hepatitis B or C, blood in the stools, colitis, Crohn's disease)	Yes No				
	f) Brain, nerves (including epilepsy, convulsions, seizures, fits, Parkinson's disease, multiple sclerosis, Alzheimer's disease, paralysis, involuntary tremors, psychiatric illness, dementia)	Yes No				
	g) Thyroid, pancreas, and endocrine glands (including diabetes, goiter, pancreatitis, hormone disorders)	Yes No				
	h) Muscles, bones, joints (including gout, arthritis, rheumatism, prolapsed intervertebral disc, physical abnormality, physical dismemberment or disability)	Yes No				
	i) Kidneys, bladder, urinary tract (including blood in the urine, abnormal levels of sugar or protein in urine, kidney stones, and for males, the prostate)	Yes No				
	j) Immune system (including SLE - Systemic Lupus Erythematosus)	Yes No				
	k) HIV, AIDS, sexually transmitted disease (including herpes, syphilis)	Yes No				
	l) For males: prostate disease	Yes No				
	m) For females: breast, cervix, uterus, ovaries (including breast lump, carcinoma in situ, breast or ovarian cyst, fibroid)	Yes No				
5	In the past 5 years have you ever had or been advised to have or do you intend to undergo any investigations/ screening test including blood/urine tests?	Yes No				
6	Are you currently receiving/considering to seek any medical treatment/advise or in the past 5 years have you ever been referred to or admitted to a hospital or medical facility or ever undergone/been advised to undergo a surgery?	Yes No				

If your answer is "yes" to any of the above questions, please provide the following details:

Name of Person Covered:.....

Diagnosis.....

Date.....

Treatment duration:.....

Type of treatment:.....

Attending doctor particulars:.....

Current condition:.....

7	Have any of your natural parents and/or siblings, ever suffered from or died as a result of diabetes, cancer, kidney disease, stroke or any other hereditary disease before the age of sixty (60) years? If yes, please provide details of diagnosis, age of onset, current age if living, or age deceased.	Yes No	
8.	Existing coverage Have you ever had an application, renewal or reinstatement of a Life Policy or Family Takaful contract, declined, postponed, rated or subject to special terms, if yes please provide details.	Yes No	

E: NOMINATION, PAYMENT OF TAKAFUL BENEFITS

IMPORTANT NOTES

Takaful
Pursuant to Section 142 of the Islamic Financial Services Act 2013 (Schedule 10), sets out that a Principal Person Covered who has attained the age of sixteen (16) years may assign the Takaful benefits to a nominee or designate the nominee to receive the Takaful benefits as a beneficiary under Conditional Hibah; or designate the nominee to receive the Takaful benefits as an executor.

Nomination of Executor

For a Muslim Principal Person Covered, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated and is responsible to distribute the benefits in accordance to Faraid law. Should anyone of the Executors predecease the Principal Person Covered, his/her portion shall be divided equally among the surviving Executors.

For a Non-Muslim Principal Person Covered, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated which is to be distributed according to the applicable law. Should any one of the Executors predecease the Principal Person Covered, his/her portion shall be divided among the surviving Executors in accordance with the applicable law.

Nomination of Beneficiary(ies) under Conditional Hibah

The Beneficiary(ies) is entitled to receive the Takaful benefits on the basis of Conditional Hibah(Gift). Conditional Hibah has the effect of transferring ownership of the Takaful benefits payable to the Beneficiary(ies) upon the death of the Principal Person Covered and shall not form part of the estate of the Principal Person Covered or be subject to his/her debts. Conditional Hibah, is however, a gift which the Principal Person Covered may revoke during his/her lifetime.

If the Beneficiary(ies) is incompetent at the point of claim payment, the Takaful benefits shall be paid to the parent of the incompetent nominee, and where there is no surviving parent of the incompetent nominee:

- (i) if the Takaful benefits do not exceed fifty thousand ringgit, the Takaful benefits shall be paid to a proper claimant as defined in the Islamic Financial Services Act 2013;and
- (ii) if the Takaful benefits exceed fifty thousand ringgit, the Takaful benefits shall be paid to the Public Trustee or a trust company nominated by the Principle Person Covered.

If the Beneficiary(ies) under Conditional Hibah predeceases the Principle Person Covered, the share of the deceased Beneficiary(ies), upon the death of the Principal Person Covered, shall be paid to the estate of the Principal Person Covered unless the Principal Person Covered has made a subsequent nomination in place of the deceased Beneficiary(ies).

Payment to the Beneficiary(ies) named herein shall discharge Etiqa Family Takaful from all obligations and liabilities under the Certificate.

No.	Option	Please tick one (1) only
1.	Nomination of Executor(s)	
2	Nomination of Beneficiary(s) under Conditional Hibah	

EXECUTOR / BENEFICIARY DETAILS			
	Executor / Beneficiary I	Executor / Beneficiary II	Executor / Beneficiary III
*Name			
*Gender			
*ID Type (Old IC/ Birth Cert No./Army/ Police/ Passport No./ Others)			
*ID Type Number			
* New NRIC Number			
*Date of Birth (DD/MM/YYYY)			
Nationality			
Occupation (State the exact duty)			
Name of Employer			
Nature of Business (if self employed)			
*Relationship with Principle Person Covered			
* Share (%)			
Current/Savings Account Number			
Bank Name			
Residential Address			
*Mailing Address (if different from Residential address)			
*Telephone Number	Home: Office: Mobile:	Home: Office: Mobile:	Home: Office: Mobile:

Notes:

- * Mandatory fields to be completed.
- Nomination is allowed only if the Principal Person Covered is the Person Covered.
- Submission of a copy of the nominee (s) NRIC/Passport/Birth Certificate is/are encouraged.
- If there are more than 3 nominees, please submit an additional nomination form.
- The latest submission and endorsement of a nomination by the Etiqa Family Takaful will supersede any previous nomination made.
- Please inform your nominee about the nomination pursuant to this application.

F: CONSENT FOR MINOR PERSON COVERED (To be completed by the Parent / Legal Guardian if Person Covered is between 1 and 16 age next birthday)

I hereby give my consent for a takaful Certificate to be issued on the life of my child/ward and that he/she is the Person Covered of the takaful Certificate. I consent to the additional declaration to be given by my child/ward in any questionnaires relating to this application.

Name of Parent / Legal Guardian*: :

New NRIC:

Old IC/Passport.

Relationship with Child

Signature of Parent / Legal Guardian: 

*Please submit legal documents showing proof as Legal Guardian.

G: DECLARATION / AUTHORISATION AND AQAD

Please read carefully before signing this application.

1. I/we am/are aware that I/we must answer all questions and declarations in this application, and that these answers and declarations are accurate and complete. I/we agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the Certificate, a claim not being paid or reduced, or the terms and conditions of the Certificate being changed.
2. I/we agree to notify Etiqa Family Takaful in writing should there be a change to any answers or declarations in this application, prior to the time that the contact is entered into, varied or renewed of the Certificate. I/we agree that failure to notify Etiqa Family Takaful of any such change, may result in voidance of the Certificate, a claim not being paid or reduced, or the terms and conditions of the Certificate being changed
3. I/We confirm that I/We fully understand that my/our answers and declarations in this application, and any other relevant documents completed by me/us in connection with this application and in any medical report, questionnaires, or amendments given thereto, shall be relied upon by Etiqa Family Takaful in deciding whether to accept my application or not.
4. I/We hereby authorise any physician, hospital, clinic, Takaful operator/insurance company, financial institution or any other organisation or company or person that has any records or knowledge about me/us, my/our financial standing or my/our health, to disclose to Etiqa Family Takaful or its representatives any or all information about me/us with reference to my/our family history and/or my/our financial standing and/or medical history before or after my/our death. I/We agree that a photocopy or facsimile of this authorization shall be considered as effective and as valid as the original and legally binding on anyone who takes over any of my/our legal rights.
5. Sum Covered applied up to Free Cover Limits only
I/We understand and agree that pre-existing condition will not be covered except for death benefit under this plan from the commencement date or reinstatement date, whichever is later.
6. Sum Covered applied above Free Cover Limits only
I/We understand and agree that the Takaful coverage I/we have applied for shall only take effect on the date of the TAKAFUL CERTIFICATE HAS BEEN ISSUED by Etiqa Family Takaful provided always that this application has been approved and that the full contribution has been received by Etiqa Family Takaful during my/our lifetime and that prior to or as at the date of commencement of the cover, there has been no alterations as to my/our health. If the initial contribution is paid via cheque, I/we understand that the Takaful coverage will only commence after the cheque has been cleared. Commencement Date starts from the contribution deduction month or the inclusion date of the Person Covered, whichever is later.
7. Personal Data Protection Act 2010 (PDPA)
I/We, agree, consent and allow Etiqa Family Takaful to process my/our personal data (including sensitive personal data) ('Personal Data') with the intention of entering into a contract of Takaful, in compliance with the provisions of the PDPA.
I/We, understand and agree that any Personal Data collected or held by Etiqa Family Takaful (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Family Takaful to individuals and/or organizations related to and associated with Etiqa Family Takaful or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this application and providing subsequent service related to it and to communicate with me/us for such purposes.
I/We understand that I/we have a right to obtain access to and to request correction of any Personal Data held by Etiqa Family Takaful concerning me/us. Such request can be made by completing the Access Request Form available at all Etiqa Family Takaful branches or contact Etiqa Family Takaful via email at PDPA@etiqa.com.my. In accordance with the provisions of the PDPA, I/we may contact the Customer Service Centre at Etiqa Family Takaful Online at 1 300 13 8888 for the details of my/our Personal Data. Such information shall only be granted upon verification.
Should I/we not provide an updated bank account for auto credit purposes to Etiqa Family Takaful (please refer Section B above), I/we consent that my account with Maybank Group may be utilised for the same purpose.
8. APPLICATION OF PRINCIPLES OF TAKAFUL
I/We agree to participate in this Group Takaful scheme based on the principle of Takaful. I/We agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I/we are entitled to the Takaful cover as expressed in the terms and conditions of this Takaful contract.
I/We agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate) to Etiqa Family Takaful, as a deduction from contributions, to cover the expenses of managing and distributing the Group Takaful scheme.
I/We understand that at the end of each financial year, the underwriting surplus (if any) from the Participants' Risk Fund (PRF) will be determined by Etiqa Family Takaful. I/We agree that 50% of the distributed surplus (if any) will be paid to Etiqa Family Takaful as an incentive for operating and managing the PRF, and the balance of 50% will be shared amongst Persons Covered whose Certificates have not terminated and who have not made any claim within the financial year.
I/We agree to appoint Etiqa Family Takaful to manage the Participant's Investment Funds (PIF) according to the principles of Shariah, and that Etiqa Family Takaful will be paid an incentive fee for managing the performance, according to the following table:

Product Name	INCENTIVE FEE FROM INVESTMENT PROFIT IN PIF (where applicable)	
	Person Covered	Etiqa Family Takaful
Group Mutiara Plus Takaful		

We further agree that if the surplus or any sum payable is less than Ringgit Malaysia Ten (RM10.00) it will be credited into a charity fund which will be utilized as 'amal jariah' on behalf of the participants.

I/we hereby declare, after reading and understanding the rules pertaining to the Plan above, that I/we would like to participate in the Plan and agree to abide to the rules of the Plan. I/we agree to pay RM _____ per month as contribution for the Plan and consent for _____ to deduct the same amount from my/our salary.

.....
 Signature of Person Covered Date Signature of Spouse Date

Name of Person Covered..... Name of Spouse:.....

.....
 Signature of Child 1 (if above 16 years) Date Signature of Child 1 (if above 16 years) Date

Name of Child 1..... Name of Child 2:.....

.....
 Signature of Child 3 (if above 16 years) Date

Name of Child 3.....

.....
 *Signature of Witness Date

Name:.....

NRIC No.

* Witness must be at least 18 years of age, of sound mind and can not be a named nominee

H: DECLARATION BY TAKAFUL INTERMEDIARY / SALES CHANNEL

In this section, "I" refers to the Takaful Intermediary / Sales Channel Officer.

1. I hereby declare that the information contained in the application form is the only information given to me by the Person Covered and I have not withheld any other information which might influence the acceptance of this application.
2. In compliance with the Anti-Money Laundering, Anti-Terrorism Financing, and Proceeds of Unlawful Activities Act 2001 and Islamic Financial Services Act 2013, I hereby confirm that I have sighted the Person Covered's original NRIC, birth certificate, or passport and verified by me at the point of sales.
3. I hereby confirm that I have explained to the Person Covered the information contained in the product disclosure sheet.

.....
 Takaful Intermediary's/Sales Channel Officer's Signature

Name Takaful Intermediary/ Sales Channel Officer :
 New NRIC No :
 Takaful Intermediary's/ Sales Channel Officer's Contact No :
 Date :

FOR ETIQA FAMILY TAKAFUL BERHAD'S USE ONLY

Date Received in Head Office:	
Monthly Contribution:	
Inclusion Date	Approved Date:
Reviewed by:	