



TAWARRUQ GADAIJANJI

PEMBIAYAAN
MAKSIMUM

RM150,000



Kadar keuntungan 5.9%



Tempoh bayaran balik 18 tahun

Istimewa kepada semua anggota Koperasi TNB sahaja

Pembiayaan
Maksimum
RM150,000

Tempoh
pembayaran balik
18 Tahun
(216 bulan)

Tiada Deposit
dan
Yuran Proses

Kadar Keuntungan
5.9%
Setahun

Cara pembayaran
balik melalui
Potongan gaji

Berjawatan
tetap

Tidak Perlu
Penjamin

“Overlapping”
Dibenarkan

* Tertakluk kepada terma & syarat

Pembiayaan Tawarruq Gadai/janji adalah kemudahan untuk membantu anggota-anggota :-

- ◆ Pembiayaan semula rumah
- ◆ Pembiayaan hartanah
- ◆ Pengubahsuaian rumah
- ◆ Pembiayaan melanjutkan pengajian tinggi
- ◆ Penyelesaian kad kredit / pembiayaan lain

Untuk mempercepatkan proses pembiayaan, syarat-syarat di bawah perlu dipatuhi :-

- ✓ Borang mestilah diisi dengan lengkap
- ✓ Lampiran salinan dokumen jual beli harta (S&P)
- ✓ Salinan kad pengenalan pemohon
- ✓ Salinan penyata gaji 3 bulan (terkini)
- ✓ Salinan dokumen penilaian harta semasa

**MOHON SEGERA!!!! WHATSAPP KAMI
UNTUK SEMAK KELAYAKAN**



JADUAL ANSURAN BAYARAN BALIK PEMBIAYAAN TAWARRUQ GADAIJANJI

	24	36	48	60	72	84	96	108	120	132	144	156	168	180	192	204	216
50,000	2329	1635	1288	1079	940	841	767	709	663	625	593	566	543	524			
55,000	2562	1798	1416	1187	1034	925	843	780	729	687	652	623	598	576			
60,000	2795	1962	1545	1295	1128	1009	920	851	795	750	712	680	652	628			
65,000	3028	2125	1674	1403	1222	1093	997	921	861	812	771	736	706	681			
70,000	3261	2289	1803	1511	1316	1178	1073	992	928	874	830	793	761	733			
75,000	3494	2452	1931	1619	1410	1262	1150	1063	994	937	890	850	815	785			
80,000	3727	2616	2060	1727	1504	1346	1227	1134	1060	999	949	906	870	838			
85,000	3960	2779	2189	1835	1598	1430	1303	1205	1126	1062	1008	963	924	890			
90,000	4193	2943	2318	1943	1693	1514	1380	1276	1193	1124	1068	1019	978	943			
95,000	4425	3106	2446	2050	1787	1598	1457	1347	1259	1187	1127	1076	1033	995			
100,000	4658	3269	2575	2158	1881	1682	1533	1418	1325	1249	1186	1133	1087	1047			
105,000	4891	3433	2704	2266	1975	1766	1610	1488	1391	1312	1245	1189	1141	1100	1063	1031	1002
110,000	5124	3596	2833	2374	2069	1850	1687	1559	1458	1374	1305	1246	1196	1152	1114	1080	1050
115,000	5357	3760	2961	2482	2163	1934	1763	1630	1524	1437	1364	1303	1250	1204	1164	1129	1098
120,000	5590	3923	3090	2590	2257	2019	1840	1701	1590	1499	1423	1359	1304	1257	1215	1178	1146
125,000	5823	4087	3219	2698	2351	2103	1917	1772	1656	1562	1483	1416	1359	1309	1266	1227	1193
130,000	6056	4250	3348	2806	2445	2187	1993	1843	1723	1624	1542	1473	1413	1361	1316	1276	1241
135,000	6289	4414	3476	2914	2539	2271	2070	1914	1789	1686	1601	1529	1467	1414	1367	1326	1289
140,000	6522	4577	3605	3022	2633	2355	2147	1985	1855	1749	1661	1586	1522	1466	1418	1375	1336
145,000	6755	4741	3734	3130	2727	2439	2223	2056	1921	1811	1720	1642	1576	1518	1468	1424	1384
150,000	6988	4904	3863	3238	2821	2523	2300	2126	1988	1874	1779	1699	1630	1571	1519	1473	1432

* Tertakluk kepada terma & syarat *

Untuk mempercepatkan proses kelulusan, syarat-syarat di bawah harus dipatuhi :-

- 1) Borang mestilah diisi dengan lengkap dan maklumat yang diberikan adalah betul
- 2) Lampiran-lampiran salinan dokumen yang diperlukan mesti lengkap
 - Slip penyata gaji 3 bulan terkini
 - Salinan Kad pengenalan muka depan dan belakang
 - Salinan Utiliti bil terkini

Alamat surat menyurat :

KOPERASI TENAGA NASIONAL BERHAD
(Unit Pembiayaan Keanggotaan)
No. 96, Jalan Bangsar
59200 Kuala Lumpur

Emel : membersmail@ktnb.com.my



Whatsapp kami untuk keterangan lebih lanjut

019-2367264



Dokumen-dokumen pemohon & pembiayaan yang diperlukan

- 1 x Salinan Penyata Gaji Terbaru (3 Bulan) 1 x Bil utiliti (1 Sahaja)
 1 x Salinan Kad Pengenalan (Pemohon)

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

Tarikh

No. Rujukan

Jumlah Dipohon

RM

Tempoh Bayaran Pembiayaan

_____ **Tahun**

PERHATIAN

Anggota tidak dibenarkan membuat sebarang bayaran tunai kepada mana-mana individu yang mendakwa boleh mempercepatkan proses pengeluaran pembiayaan.

1) MAKLUMAT PERMOHONAN

Nama Penuh : <small>Sila isikan nama penuh mengikut kad pengenalan anda</small>		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 :

PENDAPATAN DARI PUNCA-PUNCA LAIN

NYATAKAN JUMLAH DAN PUNCANYA

JUMLAH HARTA DIMILIKI OLEH SUAMI /ISTERI : _____

BIL. DI DALAM KELUARGA : _____ TANGGUNGAN : _____

JUMLAH POTONGAN DARI GAJI (TERMASUK POTONGAN KOP.TNB) : RM _____

ALAMAT HARTA UNTUK CAGARAN : _____

Poskod _____ Negeri _____

HARGA BELIAN HARTA TERSEBUT : _____ HARGA PASARAN SEKARANG : RM _____

PEMBIAYAAN PERUMAHAN YANG DILULUSKAN OLEH TNB : RM _____

TEMPOH PEMBIAYAAN : _____ TAHUN; ANSURAN BULANAN : RM _____

JUMLAH PEMBIAYAAN YANG DIPERLUKAN DARI KOPERASI TNB : RM _____

BAYARAN BALIK DALAM TEMPOH : _____ TAHUN

PERBEZAAN DI ANTARA KEDUA PEMBIAYAAN DAN HARGA BELIAN BERJUMLAH RM _____

TELAHPUN DIJELASKAN OLEH SAYA/AKAN DIBAYAR OLEH SAYA.

ADAKAH HARTA INI DICAGARKAN DI TEMPAT LAIN : YA / TIDAK

JIKA ADA SILA NYATAKAN BAKI PEMBIAYAAN UNTUK PENEBUSAN HARTA INI : RM _____

2) DISKRIPSI HARTA

- (a) TARIKH PEMBELIAN HARTA : _____
(SILA LAMPIRKAN SALINAN SURAT PERJANJIAN JUAL BELI)
- (b) BANGUNAN : SUDAH SIAP DIBINA / DALAM PEMBINAAN / AKAN DIBINA
- (c) JIKA BANGUNAN INI DALAM PEMBINAAN ATAU AKAN DIBINA, SILA LAMPIRKAN SALINAN SURAT PERJANJIAN PEMBINAAN DENGAN KONTRAKTOR/PEMAJU.
- (d) ADAKAH RUMAH/ KEDAI /TANAH : _____
- (e) JENIS RUMAH : _____
- (f) DINDING RUMAH INI DIPERBUAT DARI : _____
- (g) BUMBUNG RUMAH INI DIPERBUAT DARI : _____
- (h) JUMLAH BILIK DAN LAIN PENGINAPAN : _____
- (i) JUMLAH TINGKAT : _____

3) KEGUNAAN HARTA

- (a) ADAKAH SEKARANG DIGUNAKAN SEBAGAI RUMAH KEDIAMAN SENDIRI?

- (b) JIKA TIDAK, ADAKAH IA DISEWAKAN DAN KEPADA SIAPA: (PERSENDIRIAN/PERNIAGAAN)

4) JALAN DAN PERKHIDMATAN AWAM

- (a) NAMA JALAN YANG MENGHUBUNGI HARTA INI : _____
- (i) ADAKAH JALAN INI TELAH SIAP : _____
- (ii) ADAKAH JALAN INI TELAH DIAMBIL ALIH OLEH PERKHIDMATAN AWAM : _____
- (iii) ADAKAH SEBARANG PEMBAYARAN JALAN YANG BELUM DIJELASKAN : _____
- (b) ADAKAH ELEKTRIK DAN AIR DISAMBUNG KE SALURAN BESAR : _____
- (c) ADAKAH SALURAN NAJIS DAN LONGKANG DISAMBUNG KE SALURAN BESAR : _____

5) HAK MILIK DAN CUKAI TAHUNAN

- (a) ADAKAH HARTA INI MILIK KEKAL ATAU PAJAKAN : _____
- (b) JIKA PAJAKAN, BERAPA LAMAKAH TEMPOHNYA : _____
- (c) BERAPAKAH BAYARAN CUKAI : _____
- (d) BERAPAKAH BAYARAN CUKAI PINTU TAHUNAN : _____
- (e) NO. LOT KERAJAAN : _____
- (f) JENIS HAK MILIK DAN NO. HAK MILIK : _____
- (g) LUAS TANAH : _____
- (h) ADAKAH HARTA INI BEBAS DARI PAJAKAN? JIKA TIDAK, SILA NYATAKAN NAMA DAN ALAMAT PEMEGANG CAGARAN :

- (i) NAMA PEMEGANG HAKMILIK : _____
- (j) ADAKAH SYARAT DAN SEKATAN TERHADAP HAK MILIK : _____
- (k) ADAKAH HAK MILIK DIPEROLEHI BERASINGAN : _____

6) UNTUK MENOLONG PEGUAMCARA KOPERASI TNB

- (a) ADAKAH HARTA DIBELI ATAS NAMA PERSEORANGAN : _____
- (b) NAMA DAN ALAMAT PEGUAMCARA, JIKA ADA : _____

- (c) NAMA DAN ALAMAT PENJUAL/PEMAJU/KONTRAKTOR : _____

7. (a) ADAKAH ANDA PERNAH MENJADI MUFLIS : _____
- (b) ADAKAH SEBARANG TINDAKAN MAHKAMAH PERNAH DIKENAKAN : _____
8. ADAKAH MENGAMBIL TAKAFUL PERLINDUNGAN CAGARAN KE ATAS PINJAMAN INI : _____
9. ADAKAH ANDA BERSETUJU MENGINSURANSKAN HARTA INI BAGI NILAI INSURANS PENUH TERHADAP KEHILANGAN OLEH KEBAKARAN DAN MALAPETAKA TERMASUK BANJIR MELALUI TNB DAN KOPERASI TNB SEBAGAI PEGANGAN BERSAMA : _____
11. ADAKAH SUAMI/ISTERI MEMOHON CAGARAN DARI SUMBER KEWANGAN LAIN KE ATAS HARTA TERSEBUT : _____
JIKA ADA, SILA NYATAKAN KEPUTUSAN PERMOHONAN TERSEBUT : _____
12. ADAKAH PERNAH MEMOHON PEMBIAYAAN GADAIJANJI DARI KOPERASI TNB SEBELUMNYA : _____
13. CATATAN PENAMBAHAN UNTUK MENYOKONG PERMOHONAN ANDA : _____

PENGAKUAN

SAYA PENANDATANGAN DI BAWAH MENGAKU BAHAWA KETERANGAN DAN MALUMAT YANG DACATITKAN ADALAH BENAR. SAYA BERSETUJU MEMBAYAR KOS MENGENAI PENILAIAN DAN HARTA TERSEBUT DAN PENYELIDIKAN HAKMILIK, MENYEDIAKAN DAN MELAKSANAKAN CAGARAN.

SAYA BERJANJI AKAN MEMASTIKAN ANSURAN PEMBIAYAAN DAN FAEDAH BERJALAN DENGAN LANCARNYA TERHADAP PEMBIAYAAN YANG DICADANGKAN DAN TERMASUK PEMBAYARAN TAKAFUL, TAKSIRAN DAN CUKAI SERTA MENJAGA HARTA TERSEBUT DI DALAM KEADAAN YANG BAIK. SAYA SEDIA MAKLUM BAHAWA PERBELANJAAN BERIKUT AKAN DITANGGUNG OLEH SAYA.

(a) PERBELANJAAN GUAMAN UNTUK MENYEDIAKAN SEMUA DOKUMEN BERSABIT PEMBIAYAAN INI, PENDAFTARAN GADAIAN DAN MELEPASKAN GADAIAN "PENUKARAN DAN PERLAKSANAAN HAK TERHADAP HARTA TERSEBUT".

(b) KOS PENILAIAN, JIKA ADA, PENYELIDIKAN, PENGURUSAN DAN SEBARANG PERBELANJAAN YANG DIKENAKAN KE ATAS DIRI SAYA.

SAYA BERSETUJU BAHAWA APABILA PEMBIAYAAN INI DILULUSKAN, KOPERASI TNB DENGAN KUASA YANG ADA BOLEH MEMBAYAR KESEMUA ATAU SEBAHAGIAN DARI PEMBIAYAAN KEPADA SEBARANG PEGUAMCARA ATAU FIRMA PEGUAMCARA YANG DILANTIK OLEH KOPERASI TNB UNTUK MENGENDALIKAN PEMBIAYAAN TERSEBUT. SAYA BERSETUJU BAHAWA FAEDAH YANG DIKENAKAN IALAH SEBANYAK 5.9% KADAR RATA.

TANDATANGAN PEMOHON

SAKSI
TANDATANGAN : _____
NAMA : _____
ALAMAT : _____

UNTUK URUSAN PEJABAT

NILAI HARTA : RM _____ HARGA BELIAN : RM _____
DARI NILAI HARTA : RM _____ PINJAMAN TNB : RM _____

PEMBIAYAAN GADAIJANJI YANG DILULUSKAN OLEH KOPERASI TNB : _____

MEMOHON : RM _____ ; _____ % NILAI HARTA : RM _____

GAJI DAN ELAUN: RM _____ PENDAPATAN TAMBAHAN: RM _____

CARUMAN : RM _____

PINJAMAN : RM _____

JUMLAH POTONGAN TNB : RM _____

JUMLAH POTONGAN KOP TNB : RM _____

_____ % DARI GAJI : RM _____

TEMPOH PEMBAYARAN : _____

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 :-

- MAYBANK CIMB
 PUBLIC BANK RHB
 BSN BANK RAKYAT
 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 / pembiayaan@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 dianggap 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 dikad pengenalan:

No. K/P :

Tarikh :

DISAKSIKAN OLEH WAKIL KOPERASI TNB

Nama seperti dikad pengenalan (wakil) :

No. K/P :

Cop Rasmi

Tarikh :

PERKELILING PDDPA ANGGOTA

KOPERASI TENAGA NASIONAL BERAHAD



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	Pakeliling ini dikeluarkan bagi memberikan maklumat berhubung dengan penguatkuasaan Akta Perlindungan Data Peribadi 2010 (Akta 709).
Latarbelakang	<ol style="list-style-type: none"> 1. Akta Perlindungan Data Peribadi 2010 (Akta 709) telah diujutkan oleh Parlimen dan selanjutnya diwartakan pada 10 Jun 2010. Akta ini mula berkuatkuasa pada 15 November 2013. Berikutan penguatkuasaan Akta ini, anggota Koperasi TNB selaku Subjek Data dan Koperasi TNB selaku Pengurusan Data adalah merupakan pihak yang terikat secara langsung dalam penerapan Akta Peribadi di dalam Koperasi TNB. 2. Mengingat amanah 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 mengandungi bagi pihak yang memang diamanahkan oleh Koperasi TNB selama ini. 3. Pada masa ini semua Data Peribadi anggota disimpan di dalam Sistem Keanggotaan Koperasi Tenaga Nasional Berhad dan sasaran asasi di dalam loi peribadi anggota. Semua Data Peribadi ini hanya boleh diakses oleh pegawai-pegawai yang berkenaan sahaja. Bagaimanapun, semua anggota sebagai Subjek Data berhak menyertai dan mengamalkan Data Peribadi tersebut sekiranya perlu dengan mengikut peguam di Mahkamah Keanggotaan. 4. 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; • bangsa; • nombor kad pengenalan; (sendiri/kahwin – yang berkenaan) • gaji pokok

Pendekatan Data Peribadi	<ul style="list-style-type: none"> • Jantina • Taraf perkahwinan • Butiran alamat • Butiran perhubungan termasuk nombor telefon rumah, nombor telefon bimbit, alamat e-mel, alamat rumah dan alamat surat menyurat, dan sebagainya • Perundangan termasuk Pelesenan Pendaftaran, Kad Pengenalan, Sijil Naisah dan Sijil Kemahiran (yang berkaitan) • (sacara kolektifnya selepas ini diujut sebagai "data peribadi tersebut") <p>6. Koperasi TNB akan memproses data peribadi tersebut bagi tujuan-tujuan yang berikut:</p> <ul style="list-style-type: none"> • untuk membantu menyediakan produk dan perkhidmatan koperasi; • untuk pengurusan pengajian data anggota dan proses-proses yang berkaitan dengan perkhidmatan keanggotaan; • untuk tujuan tuntutan insurans; • untuk tujuan kewangan dan tol, termasuk bayaran untuk perkhidmatan yang disediakan oleh Koperasi TNB (termasuk kesemua transaksi yang berkaitan) perkhidmatan; • untuk memenuhi keperluan undang-undang; • untuk pembayaran dividen; • untuk menghubungi anda; • untuk mengahut sebarang pertanyaan; • untuk tujuan penyelidikan termasuk penyempurnaan rekod sejarah dan statistik; • bagi tujuan operasi dan penyelenggaraan perkhidmatan yang disediakan oleh Koperasi TNB secara umum; • untuk tujuan pemindahan data peribadi yang disimpan oleh Koperasi TNB dan semasa ke semasa; • untuk tujuan komunikasi berkala dengan anda (selain daripada bahan-bahan pemasaran langsung) berkenaan dengan perkhidmatan yang disediakan oleh Koperasi TNB; dan <p>7. Koperasi TNB memulakan data peribadi tersebut. Sekiranya anda tidak mendedahkan semua maklumat seperti yang diminta, Koperasi TNB tidak akan dapat menyediakan rekod lengkap mengenai anda, dan justeru itu akan menjejaskan keupayaan untuk mencapai tujuan seperti dinyatakan di atas.</p> <p>8. Koperasi TNB mungkin mendedahkan data peribadi tersebut kepada pihak-pihak berikut bagi tujuan seperti yang dinyatakan di atas:</p> <ul style="list-style-type: none"> • Ejen-ejen dan penyedia perkhidmatan Koperasi TNB yang menyediakan perkhidmatan yang berkaitan dengan tujuan data peribadi tersebut diumpul; • Pihak ketiga yang menyediakan perkhidmatan pemrosesan data.
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Asas, Pembetulan dan Aduan	<ul style="list-style-type: none"> • Di dalam keadaan di mana ketidpatan atau kekurangan pembayaran telah berlaku, data peribadi tersebut akan disediakan kepada pegawai yang ditunjuk oleh Koperasi TNB, agensi kupejan hutang dan agensi rujukan kredit; dan • Mana-mana individu yang di bawah pengawasan keutamaan yang telah mengahut janji untuk memastikan data tersebut diutamakan. <p>9. Koperasi TNB juga mungkin akan mendedahkan data peribadi tersebut jika dikehendaki bertitik diaman oleh undang-undang atau secara nar baik, jika tindakan tersebut adalah perlu bagi (i) memahuti kehendak mana-mana agensi penguatkuasaan undang-undang, perintah mahkamah atau proses undang-undang atau (ii) melindungi dan mempertahankan hak atau harta Koperasi TNB, pekerjaannya dan syarikat-syarikat yang berkaitannya.</p>
Pemakaian	<p>10. Jika anda ingin membuat sebarang pertanyaan atau aduan atau permohonan untuk akses atau pembetulan ke atas data peribadi, anda boleh menghubungi Pegawai di Koperasi TNB, Kuala Lumpur dengan mendailin di talian 03-2282 4660 atau faksimili di talian 03-2282 7600 dari pukul 8.00 hingga 5.15 petang dan juga boleh e-melkan di member@tnb.com.my.</p> <p>11. Jika anda memilih untuk mengahut hak Koperasi TNB untuk memproses data peribadi, anda boleh memahutkannya kepada Pegawai di Koperasi TNB, Kuala Lumpur secara bertulis.</p> <p>12. Pakeliling Penguatkuasaan Akta Perlindungan Data Peribadi 2010 (Akta 709) berkuatkuasa serta merta.</p>

Sesuai, terima kasih,
Yang Pesta,

(MOHD ROSZELI BIN MAJID)
Setiausaha

"Dengan Salim Koperasi"

**BORANG MAKLUMAT ANGGOTA KOPERASI TNB
TAKAFUL KENDERAAN**

Nama Anggota	
No. Pekerja	
No. Telefon	
Alamat	
Kad Pengenalan	

Maklumat kenderaan untuk TAKAFUL.

NO.	NO. PENDAFTARAN	JENAMA & MODEL	TARIKH TAMAT CUKAI JALAN
1			
2			
3			
4			
5			

Tandatangan: _____ Tarikh: _____

Tambahan:

Sekiranya tuan/puan memerlukan khidmat membuat TAKAFUL / 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 TAKAFUL 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 takaful / cukai jalan sebulan sebelum tarikh tamat.
 - ▶ Pemohon akan dihubungi semula oleh pegawai Koperasi TNB 2 minggu sebelum takaful / cukai jalan tamat.
 - ▶ Diskaun 5% diberikan jika pembayaran takaful secara tunai.

HUBUNGI

TELEFON : 03-2284 8070 (Razak / Rasidah)

WHATSAPP: 03-2282 7680

Emel : razaktnb@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	KOPERASI TENAGA NASIONAL BHD		
*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: *	Contribution: RM _____	Contribution: RM _____
<input type="checkbox"/> Contribution Revision *	Contribution: From: RM _____ To 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 Etiga 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.

- 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.
- 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.
- I hereby confirm that I have explained to the Person Covered the information contained in the product disclosure sheet.

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

Etiqa Family Takaful Berhad (266243D)
 (Formerly known as Etiqa Takaful Berhad)
 (Licensed under Islamic Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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