

Travel Takaful Plan Application Form

Personal details

Please tick (✓) the appropriate box and fill in the relevant information

First Name: _____ P.O. Box: _____ City: _____ Postal Code: _____
 Middle Name: _____ Building No.: _____ Street: _____ District: _____
 Last Name: _____ Home Tel. No.: _____ Office Tel. No.: _____
 Iqama/ID No.:
 Nationality: _____ Marital Status: _____ No. of Children: _____
 Date of Birth (dd/mm/yy):
 Gender: Male Female
 E-mail address: _____

Travel details

Please tick (✓) the appropriate box and fill in the relevant information

Travel period: From: _____ To: _____ Departure date:

Number of travel days:

Geographical area:

1- 5 days 6 – 9 days 10 – 16 days Area 1 (Worldwide excluding USA and Canada)
 17 – 22 days 23 – 30 days 31 – 45 days Area 2 (Worldwide)
 46 – 60 days Annual

Beneficiary details

Please fill in the information

Name of Beneficiary	Iqama/ID No.	Relationship	Percentage (%)

Auto renewal

SABB Takaful can renew your Travel Takaful Plan automatically upon expiry. Do you wish to opt for this facility? Yes No

Payment details

Please tick (✓) the appropriate box and fill in the relevant information

Credit Card Debit my account
 Card No.: _____ Card expiry date: _____ Account No.: _____
 Card type: VISA / MasterCard / Others Bank Name: _____

Other traveller(s) to be insured

Please fill in the information of additional members to be insured

First name	Last name	Relationship	Gender	Date of Birth

Other information

1 - Are all members travelling on this trip in good health condition 2 - Do you require coverage for winter sports activities?
 Yes No If No, please contact SABB Takaful Yes No If Yes, please contact SABB Takaful

*This plan does not cover any pre-existing conditions / illness

Declaration

I agree to subscribe to Travel Takaful Plan and confirm that I have read and understood the terms, conditions and exclusions as set out in the Plan.

I authorise SABB Takaful to debit the above-mentioned bank account or credit card for the payment of my Plan's contribution amount.

I am also aware that any misleading or fraudulent misstatements made on my part, will result in the plan cover being voided by SABB Takaful .

Signature: _____ Date: _____