



Claims Department

Level 2, Unit 9 & 10, Simpang 493,
Kg Beribi, Jalan Gadong BE1118,
Negara Brunei Darussalam
Tel: +673 245 1803
Fax: +673 245 6684

Takaful Brunei Am Call Centre

+673 224 4000

Branches & Counters

Sumbangsih

Unit 2, Sumbangsih Bahagia
Beribi Industrial Area I/ II
Gadong BE1118
Tel: +673 245 3927/ 8 / 9
Fax: +673 245 3930

Delima

Unit A1, Bangunan Desa Delima
Simpang 44, Kg Pancha Delima
Jalan Muara BB4513
Tel: +673 233 1687/1654

Beribi

Unit 9 & 10, Simpang 493,
Kg Beribi, Jalan Gadong BE1118,
Negara Brunei Darussalam
Tel: +673 245 4969/3004
Fax: +673 245 1808

Tutong

Unit 16-17, 1st Floor
OG Complex, Kg Petani
Pekan Tutong TA1411
Tel: +673 426 1205
Fax: +673 426 1194

Land Transport Department Counter

Bangunan Jabatan Pengangkutan Darat
Jalan Beribi BE1110
Tel: +673 245 1936

Labour Department Counter

Ground Floor, Labour Department
Ministry of Home Affairs, Jalan Dewan Majlis
Bandar Seri Begawan BB3910
Tel: +673 2381461

Seria Counter

Pejabat Pos Seria
Seria, KB2733
Tel: +673 322 8452/ 8453
Fax: +673 322 8451

Temburong Counter

Pejabat Pos Pekan Bangar
Pekan Bangar, Temburong PA1351
Tel/ Fax: +673 522 2176

Kuala Belait

Ground Floor, Plaza Sutera Biru
Jalan Sungai, Kuala Belait KA2331
Tel: +673 334 1083/4
Fax: +673 334 1082



TAKAFUL GUARANTEE FOR FOREIGN WORKERS PROPOSAL FORM

Takaful Brunei Am Sdn Bhd
Unit 9 & 10 Spg. 493
Kg. Beribi, Jln Gadong BE 1118
Negara Brunei Darussalam

(673) 2442222

(673) 2451808

www.takafulbrunei.com.bn

NOTE:
YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE CERTIFICATE ISSUED HEREUNDER MAY BE VOID.

A. PROPOSER DETAILS

Registered Company Name:			
Postal Address:	Postal Code:		
Phone:	(H)	(O)	(M)
Fax :	E-mail:		

B. BUSINESS DETAILS

Company Registration No:	Company Registration Date:		
No. of Years in Business:			
Nature of Business:	<input type="checkbox"/> Agriculture / Livestock <input type="checkbox"/> Energy <input type="checkbox"/> Retail <input type="checkbox"/> Others _____	<input type="checkbox"/> Aquaculture / Fisheries <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services	<input type="checkbox"/> Construction <input type="checkbox"/> Public Utilities <input type="checkbox"/> Transportation
Type of Company:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Others _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor

Please fill below if your company is registered under Limited Company

Authorised Capital:	
Amount Subscribed:	
Amount Paid Up:	
Amount Debentures, Mortgage, Bank Overdraft (if any):	
Have you been declared bankrupt or compounded by your creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide details.

C. DETAILS OF PRINCIPAL PARTNERS / DIRECTORS

No.	Full Name	I.C. / Passport No.	Date of Birth	Nationality	Designation
1.					
2.					
3.					
4.					
5.					

D. DETAILS OF BANKERS (PRINCIPAL / DIRECTORS)

No.	Bank Name	Address
1.		
2.		
3.		
4.		
5.		

E. COVERAGE REQUIRED

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application <input type="checkbox"/> Special Approval		
Amount of Guarantee:		
Period of Guarantee:	From:	To:
Foreign workers information applied for Takaful Guarantee Please attached a separate listing and comprising of the following information of employee/worker if needed.		
Name of Worker:		
Passport No:	Nationality:	
Designation:	Guaranteed Amount:	
Name of Worker:		
Passport No:	Nationality:	
Designation:	Guaranteed Amount:	
Name of Worker:		
Passport No:	Nationality:	
Designation:	Guaranteed Amount:	
Name of Worker:		
Passport No:	Nationality:	
Designation:	Guaranteed Amount:	

DECLARATION IN PROPOSAL FORM

I/We to the best of my/our knowledge, hereby confirm that the statements contained in this Proposal Form are true and correct.

On the basis of the principles of At-Tabarru`at, I/we hereby entrust to Takaful Brunei Am Sdn Bhd (hereinafter referred to as the Company), of which 65% of my/our Takaful contribution will be donated as Tabarru` into the Takaful Fund to help other eligible participants under the takaful contract. I/We hereby understand and agree that the underwriting surplus arising from the said fund, if any, shall be managed by the Company in a manner deemed fit by the Company and in accordance with Shariah principles which shall give benefits to me/us and the Takaful Fund.

I/We also understand that as agreed and approved by the Shariah Advisory Body of the Company, the underwriting surplus will only be distributed to me/us as hibah upon renewal of this Takaful Certificate PROVIDED THAT I/We have not incurred any claim and received any benefit under this Takaful Certificate whilst it is in force. If this Takaful certificate is not renewed, I/We further agree that there shall be no underwriting surplus entitled to me/us and it shall be donated as Tabarru` in the Takaful Fund for the benefit of the takaful participants and the General Takaful Fund itself.

On the basis of the principles of Al-Wakalah, I/We also hereby appoint the Company as my/our Wakeel (agent) to administer, manage, invest and distribute the Takaful Fund to other participants in times of misfortune subject always to the terms and conditions stated in the Takaful Certificate and Schedule. To this end, I/We apportion 35% of my/our contribution to the Company as a Wakalah Fee for the aforementioned services I/We have agreed the Company to render.

.....
Signature of Proposer
Date:

TBA OFFICE USE ONLY:

DOCUMENT CHECKLIST (TO BE COMPLETED BY INTERMEDIARIES)			
NO	DOCUMENT	Document Availability	
1.	Duly Completed Proposal Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Company Business Registration (Section 16 & 17)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Form X- for Limited Companies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Copy of Labour Licence / Quota*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Copy of Labour BUR500/BUR555 or Special Approval by Labour Department*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Audited Financial Report for the past 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Bank Statement for the past 6 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Copy of Director's Identity Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Original copy must be sighted*