**DECLARATION STATUS OF HEALTH**

**To be completed by the Participant in black ink and Capital letters.**

**DECLARATION OF GOOD HEALTH**

Certificate/Proposal No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Full\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Since applying to DFTL for the Takaful certificate/reinstatement of certificate**.

|  |  |
| --- | --- |
| Have you suffered from any medical, mental illness, injury or disability/deformity? If yes give Detail about duration, investigation, treatment, Name of attending Physician /Hospital etc. |  |
| Has there been any change in your style of life, habits and occupation? If yes give detail. |  |
| Allah forbid what deaths have there been in your family (parents, brothers, sisters, spouse, children ) since the date of your last declaration , If yes give age at death ,cause of death & details thereof. |  |
| Has a proposal on your life or an application for revival of certificate on your life made to DFTL or any other company ever been withdrawn, dropped, deferred or declined, accepted with an extra contribution or on terms other than those proposed? If yes give details. |  |
| At present, are you in sound health If No do you have any health related symptoms or complaints for which a physician has not yet been consulted or treatment received Please give details. |  |
| **For Female life** At present are you pregnant? If yes Please state duration. |  |

**The undersigned do hereby declare that**:

The statement made here in and in my previous declarations are true and I have not concealed, withheld or reserved any information effecting the risk of takaful under this Proposal/certificate.

From the date of my last Declaration till this day, I have had no illness or injury, nor there has been any change in my personal and family history except as declared.

**And I do hereby agree that**:

This declaration together with all Declarations made or to be made by me in respect of this proposal/certificate shall form the basis of the contract between me and DFTL.

If any untrue statement be contained in any of my declaration, all contributions which have been paid on account of takaful shall be property of WAQF fund and the certificate shall be absolutely null and void.

Any payment made by me in advance and acknowledged by DFTL provisionally shall be treated as deposit involving no liability to DFTL until and unless the DFTL acting upon this declaration shall have adjusted the same as contribution by issuance of a properly stamped receipt during my life time and good health.

I hereby authorize any Hospital, Laboratory/Physician, Surgeon or any other person who has attended me or may attend in future to give DFTL all knowledge and information which was thereby acquired including the history obtained and the diagnosis made.

Witness By :- Usual signature of the Participant

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_