

# DOMESTIC SERVANT - POLICY PROPOSAL FORM

I. PERSONAL DETAILS			
Name of Employer			 
Passport/CPR Number			
Address – Bldg./HouseRoad	Block	Area	

## **II. DOMESTIC SERVANT DETAILS**

- 1. Name of the Servant \_\_\_\_\_
- 2. Nationality \_\_\_\_\_
- 3. Passport Number \_\_\_\_\_
- 4. CPR Number \_\_\_\_\_
- 5. Date of Birth \_\_\_\_/\_\_\_/\_\_\_\_
- 6. Date of first arrival in Bahrain (if not a Bahraini National) \_\_\_/\_\_\_/
- 7. Validity period of Bahrain RP (if not a Bahraini National) \_\_\_\_\_
- 8. Date from which the Employer employing the Servant -\_\_\_/\_\_\_/

#### **III. POLICY DETAILS**

- 1. Inception date of Policy \_\_\_/\_\_\_/
- 2. Period of Policy \_\_\_\_\_

#### **IV. ADDITIONAL INFORMATION**

- 1. Does the Servant suffer any accident/injury during the past 5 years?
  - YES NO
- 2. If yes, details and disability suffered, if any in % terms

V. The above information is true and correct to the best of my knowledge and belief. I have disclosed all matters material to the risks involved and note to bring to the notice of Takaful International any relevant information that may come to my notice during the period of the cover.

### SIGNATURE

DATE

فل عام وعائلي Licensed by the Central Bank of Bahrain as a General Family Takaful Company

شركة مرخصة من قبل مصرف البحرين المركزي كشركة تكافل عام وعائلي

(۹۷۳) الامانمة ، مملكة البحرين ، هاتف ، ١٦ ، طريق الـ٢١، ضاحية السيف ٤٢٨ ، صندوق بريد ٣٢٣ المنامة ، مملكة البحرين ، هاتف ، ١٩٧٥ (٩٧٣) ، فاكس ، ١٩٧٣) ، فاكس . ٩٧٣) تركة التكافل الدولية ش.م.ب ، مبنى ، ٦٨ ، طريق الـ٦٨ ، ضاحية السيف ٤٢٨ ، صندوق بريد ٣٢٣ المنامة ، مملكة البحرين ، هاتف ، ١٩٥٥ (٩٧٣) ، فاكس . ٦xaful International Co. (BSC) | Bldg 680 | Road 2811 | Seef District 428 | P.O. Box 3230\_Mamana\_Kingdom of Bahrain | Tel: (973) 17565656 | Fax: (973) 17582688 Takaful Hotline: 80008050 www.gigtakaful.bh