

EDUCATION PLANS  
BY NATIONAL BONDS  
GLOBAL PROTECTION\*

# نموذج طلب Application Form



\* إخلاء المسؤولية: "وثيقة التكاful التي تقوم بتوزيعها شركة الصكوك الوطنية (شركة الشخص الواحد مساهمة خاصة) ضمن خطة التعليم تقدمها الشركة الإسلامية العربية للتأمين - "سلامة" وتخضع لموافقتنا بالشروط والأحكام الموضحة في وثيقة التكاful المتفق عليها مع المؤمن عليه. شركة الصكوك الوطنية (شركة الشخص الواحد مساهمة خاصة) هي موزع لخطة التعليم، وبوليصة التكاful هي عقد بين العميل والشركة الإسلامية العربية للتأمين - "سلامة". ومن ثم لا تتحمل شركة الصكوك الوطنية (شركة الشخص الواحد مساهمة خاصة) أو أي من موظفيها أو مديريها أو مسؤوليها أو أي من موظفي أو مديري أو مسؤولي شركاتها التابعة أي مسؤولية مدنية كانت أم قانونية تجاه أي دفعات و/أو مطالبات و/أو إجراءات و/أو خدمات و/أو قرارات خاصة بالشركة الإسلامية العربية للتأمين - "سلامة" متعلقة مباشرة أو غير مباشرة بوثيقة التكاful، ويجب توجيه أي استفسار أو مطالبة متعلقة بوثيقة التكاful مباشرة إلى الشركة المقدمة لخطة التقاعد "سلامة"."

\* Disclaimer: "The Takaful Policy in National Bond Corporation Sole Proprietorship P.S.C.'s (National Bonds) Education Plan is offered by Islamic Arab Insurance Company - SALAMA and is subject to its approval with terms and conditions of the Takaful Policy agreed with the applicant. National Bonds is a distributor of the Education Plan and the Takaful Policy is a contract between the customer and Islamic Arab Insurance Company - SALAMA. None of National Bonds nor any of its employees, directors or officers nor any employees director or officers of its affiliates shall be responsible and/or liable for any payments and/or claims, actions, services and/or decisions of Islamic Arab Insurance Company - SALAMA, under the Takaful Policy Takaful Policy and any inquiry or claim related to the Takaful Policy should be addressed directly to SALAMA."

**INSTRUCTIONS FOR FILLING THE APPLICATION FORM**

- Please complete this application in English and BLOCK CAPITALS and enclose certified copies of identification documents of the Plan Holder and Covered Member(s). Please do not leave any field blank or incomplete. A copy of this Application Form is available upon request.
- Any changes made on the Application Form should be countersigned by Plan Holder and Covered Member(s).

Are you an existing customer of National Bonds?  Yes  No **If yes, please enter your Customer Account Number:**

**SECTION 1: PERSONAL DETAILS**

**Title:**  Mr.  Mrs.  Miss.  Dr.  Other

**First Name:**  **Family Name:**

**Gender:**  Male  Female **Marital Status:**  Married  Single  Other

**Date of Birth:**  **Nationality:**  **Place of Birth:**

**ID Type:**  Emirates ID  Passport **ID No.:**  **ID Expiry:**

**Email ID:**  **Mobile:**

**Residence Address:**

**Mailing Address:**     **Years in Country of Residence:**

**Source of Income:**  Salary  Business  Family Savings  Other

**Salary/Income:**  **Per Month** **Profession:**  **Employer Name:**

**SECTION 2: SELF-CERTIFICATION**

**FATCA:** Are you a US Citizen/Resident/Green Card Holder  Yes  No *If yes, please provide your TIN*

**CRS:** Are you treated as a resident of any country other than United Arab Emirates or USA for taxation purposes  Yes *If yes, complete the below*  No

Country of Residence for Tax Purposes and related Tax Payer Identification Number ("TIN") or equivalent number

Please complete the following table indicating the countries you are considered as Resident for Taxation purposes along with the TIN for each country. If the TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

- Reason A:** The country where the Account Holder is resident does not issue TINs to its residents  
**Reason B:** The Account Holder is otherwise unable to obtain a TIN  
**Reason C:** No TIN is required as per the regulation of the country you are considered a Resident for Taxation

Country of Tax Residence	TIN	If no TIN is available, please state the reason A, B or C. If B, please outline the reason for being unable to obtain TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 3: CONTRIBUTION DETAILS (AED)**

**Saving Plan Tenure Selected:**

**Initial Funds to Start the Education Plan :**  Transfer from existing Savings Bonds  Fresh Funds

**Monthly payment method:**

**Monthly Education Plan savings contribution:**

**Total Direct Debit amount:**

**Select Direct Debit Start Date:**   1<sup>st</sup> of every month  10<sup>th</sup> of every month

**SECTION 4: BASIC TERMS AND DECLARATION**

- I confirm that all the information provided above is true and hereby indemnify National Bonds Corporation Sole Proprietorship P.S.C ("the Company") against any loss or damage that may be incurred due to incorrectness of such information. I hereby declare that I have read and agree to be bound by the Terms and Conditions set out in a separate document and also available on the Company's website at www.nationalbonds.ae.
- I agree to provide any additional information and/or supporting documents as and when requested by the Company.
- The maximum tenure for child education plan ("Education Plan") is 10 years. The Education Plan will have an expected 1% incremental bonus payout calculated on total average contribution post completion of 12 monthly payments or anniversary year (whichever comes later). I understand that the incremental bonus will be issued as a separate saving bonds to me from the Mudarib's share of profit. These savings bonds will be subject to the general Terms and Conditions.
- Any time during the year if I redeem funds/OR cancel the Education Plan, the Company has the right to forfeit the expected bonus for that specific year however in case of partial or full redemption if I continue the Education Plan I may receive any subsequent bonus and profit for the remainder of the term of the Education Plan as long as I continue to make contributions in accordance with the terms set out herein.
- I agree to be charged a subscription fee of 0.5% of the withdrawn amount in case of redemption or cancellation of the Education Plan before completion of 12 monthly payments.
- I authorise the Company to redeem the equivalent amount from my Education Plan savings account of any missed Takaful Premium payments, in order to avoid lapse of the Takaful Plan coverage. I acknowledge and agree however that the Takaful Plan will be cancelled in case the due Takaful Premium cannot be recovered from my Education Plan savings account due to an insufficient balance in such account, with the cancellation being effective in accordance with the time periods set out in the Takaful Plan Terms and Conditions.
- I agree that the Company has a right to cancel the Education Plan where I have missed three consecutive payments and transfer the current balance of the Education Plan to normal saving bonds, to which the general Terms and Conditions shall apply.
- I agree to notify the Company of any amendment in the direct debit amount, after completion of my Takaful Plan tenure. I acknowledge and I agree that if I fail to make such notification to the Company, I will instead be issued with normal saving bonds (which will be subject to the general Terms and Conditions) equivalent to the monthly Takaful Premium being paid, until the agreed Education Plan tenure completed.
- If there is a change in the circumstances that affects the FATCA/CRS Tax Residency Self-Certification provided above or causes the information provided above to become incomplete or incorrect, I understand that I am obligated to inform The Company of the change in circumstances within 30 days of its occurrence and to provide with suitably updated details.

**Disclaimer:** Expected profit payout are based on the yearly Mudaraba pool performance. Bonus will be paid on the sole discretion of Mudarib from Mudarib's share.

**APPLICANT SIGNATURE**

**FOR OFFICIAL USE ONLY**

**Date:**

**Signature:**

Signature Admitted  ID Verified  Documents Attached

**Name:**

**Signature:**

**Sourced By:**

**Approved By:**

**INSTRUCTIONS FOR FILLING THE APPLICATION FORM**

- Please complete this application in English and BLOCK CAPITALS and enclose certified copies of identification documents of the Plan Holder and Covered Member(s). Please do not leave any field blank or incomplete. A copy of this Application Form is available upon request.
- Any changes made on the Application Form should be countersigned by Plan Holder and Covered Member(s).

Are you an existing customer of National Bonds?  Yes  No If yes, please enter your Customer Account Number:

**SECTION 1: PERSONAL DETAILS**

Title:  Mr.  Mrs.  Miss.  Dr.  Other  
 First Name:  Family Name:   
 Gender:  Male  Female Marital Status:  Married  Single  Other  
 Date of Birth:  dd / mm / yy Nationality:  Place of Birth:  City  Country   
 ID Type:  Emirates ID  Passport ID No:  ID Expiry:  dd / mm / yy

**SECTION 1.2: PROFESSIONAL DETAILS**

Nature of Business:   
 Employer Name:  P.O. Box:   
 Employer Address:   
 Exact Daily Duties:  Profession:   
 Designation:  Employee ID:   
 Monthly Salary/Income:  Source of fund for Education Plan:

**SECTION 1.3: CORRESPONDENCE ADDRESS**

Apartment/House No.:  Building No.:   
 Street Name:  City:   
 Country of Residence:  Years in Country of Residence:   
 P.O. Box:  Home/Office Tel. No.:   
 Fax. No.:  Mobile No.:   
 Email:   
 Mailing Address (if different from Residence Address):

**SECTION 1.4: HOME COUNTRY ADDRESS**

Apartment/House No.:  Building No.:   
 Street Name:  City:   
 Country:  P.O. Box:

**SECTION 1.5: SCHOOL DETAILS**

Child Name :   
 Grade of the Child:   
 Annual School Fees:   
 Annual University Fees:   
 Years in University:

**SECTION 2: TAKAFUL COVER & CONTRIBUTION DETAILS (AED)**

Plan Term (in Years):  3  4  5  6  7  8  9  10  
 Payment Term as per selected Plan Term:  2  2  3  3  4  4  5  5

**MANDATORY TAKAFUL BENEFITS**

Family Takaful Benefit/ Permanent Total Disability Benefit with Passive War Risk (PWR) Amount:  AED  
 Your total monthly Takaful contribution will be:  AED  
 Monthly payment method:  Direct Debit

**SECTION 3: BANK AND SOURCE OF FUNDS DETAILS**

COVERED MEMBER	Your current Bank. If more than one please provide details	Bank IBAN(s)	Source of Funds to be Paid as Contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 4: ASSETS AND LIABILITIES DETAILS**

Current Market Value (AED)  COVERED MEMBER:

ASSETS		LIABILITIES	
Cash: <input type="text"/>	Loans/Debts: <input type="text"/>	Loans/Debts: <input type="text"/>	Loans/Debts: <input type="text"/>
Shares and Bonds: <input type="text"/>	Accounts Payable: <input type="text"/>	Accounts Payable: <input type="text"/>	Accounts Payable: <input type="text"/>
Real Estate: <input type="text"/>	Mortgages on Property: <input type="text"/>	Mortgages on Property: <input type="text"/>	Mortgages on Property: <input type="text"/>
Others: <input type="text"/>	Other Loans: <input type="text"/>	Other Loans: <input type="text"/>	Other Loans: <input type="text"/>
Total: <input type="text"/>	Total: <input type="text"/>	Total: <input type="text"/>	Total: <input type="text"/>

### SECTION 5: DETAILS OF OTHER LIFE INSURANCE PLANS WITH SALAMA OR ANY OTHER INSURANCE COMPANY

Company Name:

Plan Number:

Year of Issuance:

Sum Covered Amount (AED):

Contribution Amount (AED):

Standard or Rated Up:

### SECTION 6: FAMILY HISTORY

COVERED MEMBER:

	Relationship	No(s)	Current Age/State of Health	Age at Death/Cause of Death
Father:		N/A		
Mother:		N/A		
Spouse(s):				
Brother(s):				
Sister(s):				
Child(ren):				

### SECTION 7: BENEFICIARIES DETAILS

COVERED MEMBER:

Full Name/Contact Number	Relationship to Covered Member	Date of Birth/Age	Percent Share (%)

### SECTION 8: IF ANY OF THE BENEFICIARY(IES) IS A MINOR (UNDER 18 YEARS), PLEASE PROVIDE THE GUARDIAN DETAILS:

COVERED MEMBER:

Full Name/Contact Number	Age	Passport Number	Relationship to Beneficiary(ies)

\* Please note that Covered Member cannot be the Guardian or Beneficiary (Not applicable in case of Joint Life).

\* Free Look Period is applicable as per Plan Terms and Conditions.

### SECTION 9: MEDICAL AND LIFESTYLE DETAILS

Please specify your height in CMs:  Please specify your weight in KGs:

- Yes  No 1. Are you now in good health and entirely free from any mental or physical impairments or deformities?
2. Have you ever suffered or do you suffer from:
- Yes  No a) Diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia)?
- Yes  No b) Diseases of the Genitourinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?
- Yes  No c) Diseases of the gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B or other disorders of the liver, disorders of the gall bladder)?
- Yes  No d) Diseases of the brain, nervous system or mental disorder (e.g. epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown, paralysis)?
- Yes  No e) Diabetes, cancer, or any disease of the blood, glands, spleen, ears, eyes or skin?
- Yes  No f) Unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexpected infections or swollen glands?
- Yes  No g) Diseases of the circulatory system (e.g. heart trouble, rheumatic fever, high blood pressure, disease of the arteries and veins)?
- Yes  No h) Any disorder or disease of the muscles, bones, joints, limbs or spine (including arthritis, rheumatism, slipped disc, paralysis) etc.
- Yes  No i) Any other diseases or ailments not mentioned above?
- Yes  No 3. Have you ever had or been advised to undergo hospital treatment or surgery?
- Yes  No 4. Have you ever had or been advised to have a blood test for AIDS or an AIDS-related condition (other than for Visa Purpose) or have you ever been refused as a blood donor?
- Yes  No 5. Have you consulted a physician for any reason, including routine examination and blood test or have you received any blood transfusion(s) within the past 5 years?
- Yes  No 6. Have you ever received or do you now receive any disability benefit?
- Yes  No 7. Do you have any life insurance policy? If "Yes", please provide details in section number 7.
- Yes  No 8. Have you ever had an application for Family or Health Takaful Benefit, or life insurance declined, postponed or accepted on special terms?
- Yes  No 9. Do you smoke or have you ever smoked any form of tobacco within the past 12 months? If "Yes", state how many per day?
- Yes  No 10. Do you drink alcoholic beverages? If "Yes", state what is the type and number of units per day?
- Yes  No 11. Do you take part or intend to take part in hazardous pursuits, e.g. Diving, Climbing, Motor-sport, Flying (except as an airline passenger)?
- Yes  No 12. For Female Applicant: Are you pregnant? ( If "Yes", please mention the duration)
- Yes  No a) Have you ever suffered any complications of pregnancy or gynecological conditions, or diseases of the breast?

Please give below full details if any of your answers is 'Yes' from question no. 2 to 12, including dates, duration of treatment, name(s) and address of attending physician(s) (after mentioning the question number). Please also attach copies of all medical reports.

### SECTION 10: DECLARATION

I/we hereby declare to the best of my/our knowledge and belief that all statements and answers in this application together with those in any required medical examination, questionnaire or amendments are full, complete and true, whether in my/our handwriting or not and shall be the basis of Takaful Contract. I/We further certify that:

- I/We confirm that I/we have not concealed any material fact (a material fact is one that could influence the assessment of the Application) and understand the failure to disclose a material fact may invalidate Takaful Benefit.
- I/We agree that SALAMA - Islamic Arab Insurance Co. (P.S.C) ("Operator") shall not be liable for any claim on account of illness, injury or death, the cause of which was known prior to approval of my/our request for assurance and withheld or concealed in the above statements.
- I/We hereby authorize any Person, Physician, Hospital, Clinic, Institution, Insurance, Reinsurance, Retakaful, and/or any other Organization that has any records, application or knowledge of me/us and my/our family members to give to Operator any and all information about me/us and my/our family members and copy of records with reference to health, financial circumstances, medical history, physical / mental health, any hospitalization, medical advice, diagnosis, treatment, disease and/or ailment. I/We also authorize Operator to obtain and share, from any source it deems appropriate, information concerning my/our financial, professional and/or personal status. A photocopy of this authorization shall be valid as legally original.
- I/We agree to inform the Operator in writing of any change in any medical or financial circumstances between the date of this Application and the issuance of Plan Schedule.
- I/We also understand that the Operator has the right to cancel my/our application for Takaful coverage if the contribution is not received by the Company or if any of the requirements asked by the Company is not provided by me/us within 90 days from the date of submission of Application.
- I/We declare that the Operator will manage my/our contribution under Wakalah Principles as per standard Plan Terms and Conditions.
- I/We agree that there shall be no contract, unless a Plan is issued and full first contribution paid thereon, provided no change shall have occurred in the insurability of the proposed Covered Member(s) since completion of the Application

#### Plan Document Delivery Declaration:

I/We understand that the effective date of cover shall be the Plan Commencement Date as shown in the Plan Schedule. I/We agree to accept delivery of the duly issued Plan through one of the following delivery modes:

- By Courier to the correspondence address
- By registered mail to P.O. Box specified in my application form.
- By email to the email address specified in my application form.
- By Authorized Representative to the correspondence address specified in my application form.

I/We understand that Delivery of the Plan Documents by any of the above methods and the full payment of my/our first contribution are construed as my/our acceptance of all the conditions including those stated in the Plan Schedule and any Endorsement(s) to the said Plan and Additional Benefits attached thereto, if and when it is issued by Operator, as per my/our application.

- Personal Data: I/We hereby provide Operator my/our consent, to process, share, and transfer my Personal Data\* to a recipient outside the country (e.g. to Operator's Group Office and/or to other branches and / or affiliates) where the transfer, sharing, is necessary for the performance of the contract or for the compliance with any legal obligation to which Operator is subject to and where necessary transfer, share any such information with the regulators and other law enforcement agencies for the performance of its obligations related to the international sanctions and other regulations applicable to Operator.
- Personal Data means all information relating to me/us (whether marked "personal" or not) disclosed to Operator by whatever means either directly or indirectly which concerns, including but not limited to, medical conditions, treatments, prescriptions, business, operations, contract details, account balances/activities or any transactions undertaken with Operator.

I/We hereby authorize Operator to send me/us notifications and notices via Short Message Service (SMS) and I/we accept receiving SMS and understand that Operator makes no warranty that the SMS will be uninterrupted or error free and any such error or interruption shall not be deemed or treated in any way whatsoever to create any liability on Operator and I/we acknowledge that I/we shall not file any complaint or claim against Operator for any SMS error or interruption or for any reason related to receiving/not receiving SMS.

E-MAIL DECLARATION: By providing your e-mail address and signing this application you agree to receive the Plan document, certificate and/or any other documents ("Documents") via electronic mail ("Email"). Please note that it is your responsibility to ensure that the e-mail address you have provided is correct at all times.

- Operator is not responsible for non-receipt of e-mails due to invalid e-mail addresses or other technical problems related to your e-mail service.
- If you would like to change your e-mail address with Operator, or if you would like a paper copy of the Documents, or if you believe that you have not received your Documents, please notify us immediately.
- You consent to provide your e-mail address to be included in Operator's e-mail list and accept any inherent risks involved with e-mail communications.

Self-Employed: means a sole trader, director or partner or a shareholder of 20% or more in a Company or Business Unit of any size and presence which employs the Policy Holder. The Policy Holder will also be considered as self-employed if s/he works for a company or business where his/her spouse, parent, child, brother or sister meets any of these conditions. The Policy Holder must be paying the appropriate national insurance contributions and be liable to pay income tax (if applicable).

#### APPLICANT SIGNATURE & DATE:

#### REFERRED BY:

Name:	Code:	Emirate/Branch:	Signature & Date:

### SECTION 11: TAKAFUL MEMBERSHIP SUBSCRIPTION DOCUMENT

This document sets out the basis and principles governing the takaful arrangement. Capitalized terms when used in this application form shall have the same meaning ascribed to them in the Plan Terms and Conditions unless otherwise specified. It is hereby declared and agreed that:

- The agreement is governed by the Plan Terms and Conditions, Plan Schedule and any Endorsement thereto. The observance of the Plan Terms and Conditions by the Plan Holder and Covered Member(s) shall be a condition precedent to any claim hereunder.
- The arrangement operates in accordance with principles of Shari'ah. The Plan Holder appoints the Operator as an agent ("Wakeel") to manage the Takaful Fund.
- Plan Holders are participating with other members on takaful basis who have also entered into a similar arrangement with the Operator. Takaful Fund is a collective account formed, invested and managed in accordance with Shari'ah Principles with the sole purpose of providing Protection Benefits for Beneficiaries in case Covered Member(s) suffer from any covered event(s). The Operator carries out duties for the collective benefits and interests of the participants as defined by the Operator and as guided by the Operator's Sharia's Supervisory Committee.
- Takaful Donation(s) relates to the cost of Protection Benefits. Takaful Donations are absolute grants ("Tabard") to the Takaful Fund. Takaful Donations made by the Plan Holders to the Takaful Fund will be managed under the Wakalah ("Agency") principles.
- The Operator will distribute the surplus, if any, at the end of financial year among the eligible participants as approved by Board of Directors of the Operator. In case of the deficit the Operator will extend interest free loan ("Qard Hasan") to the Takaful Fund and will recover this loan from the future surplus accruing to Takaful Fund. Repayment of loan ("Qard Hasan") will have precedence over distribution of the surplus in the subsequent years. The obligation to grant loan ("Qard Hasan") shall be comprehensive subject to a maximum equal to the total of the Shareholders' equity.
- All costs, fees and charges as per Plan Terms and Conditions are applicable.

#### Medical Examination Requirement:

Cover Limit (In AED)	0 to 600,000	600,001 to 1,600,000	1,600,000 and above
Up to Age 40 (Nearest Birthday)	No Medical	No Medical	Medical
Age 41 to 45 (Nearest Birthday)	No Medical	No Medical	Medical
Age 46 to 55 (Nearest Birthday)	No Medical	Medical	Medical
Age 56 & above ( Nearest Birthday)	Medical	Medical	Medical

The Operator will contact you directly for your medical examination.

- I hereby accept that I am required to undertake a medical examination as per the Operator underwriting process.

#### APPLICANT SIGNATURE & DATE: