

EDUCATION PLANS  
BY NATIONAL BONDS  
GLOBAL PROTECTION\*

# نموذج طلب Application Form



\* إخلاء المسؤولية: "وثيقة التكافل التي تقوم بتوزيعها شركة الصكوك الوطنية (شركة الشخص الواحد مساهمة خاصة) ضمن خطة التعليم تقدمها نور للتكافل العائلي (ش.م.ع) وتخضع لموافقتها بالشروط والأحكام الموضحة في وثيقة التكافل المتفق عليها مع المؤمن عليه. خطة التعليم هي منتج من شركة الصكوك الوطنية. وبوليصة التكافل هي عقد بين العميل ونور للتكافل العائلي (ش.م.ع). ومن ثم لا تتحمل شركة الصكوك الوطنية أو أي من موظفيها أو مديرها أو مسؤوليها أو أي من موظفي أو مديري أو مسؤولي شركاتها التابعة أي مسؤولية قانونية تجاه أي دفعات و/أو مطالبات و/أو إجراءات و/أو خدمات و/أو قرارات خاصة بنور للتكافل العائلي (ش.م.ع) متعلقة مباشرة أو غير مباشرة بوثيقة التكافل. ويجب توجيه أي استفسار أو مطالبة متعلقة بوثيقة التكافل مباشرة إلى نور للتكافل العائلي (ش.م.ع).

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

بالتعاون مع  
Powered by

**NOOR  
TAKAFUL**  
ETHICAL INSURANCE

**INSTRUCTIONS FOR FILLING THE APPLICATION FORM**

- Please complete this application in English and BLOCK CAPITALS and enclose 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.

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:** If different from the Residence Address     **Years in Country of Residence:**

**Source of Income:**  Salary  Own 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  (1 Million AED Maximum)

**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 agree that the Company will issue saving bonds equivalent to the monthly saving contribution. I hereby declare that I have read and agree to be bound by the Saving Bonds 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 Education Plan will pay an expected 1% incremental bonus payout calculated on total average contribution post completion of 12 monthly payments or anniversary year (whichever comes later). I have reviewed the calculation of incremental bonus as illustrated on the Company's website and agree that the incremental bonus will be issued as an additional saving bonds to me from the Mudarib's share of profit. The savings bonds will be subject to the saving bonds 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 of Takaful premium payments from my saving bonds with the Company, in order to ensure Takaful Plan continuity. I acknowledge and agree that the Takaful Plan will be cancelled in case the due Takaful Premium cannot be recovered from my saving bonds with the Company due to an insufficient balance, with the cancellation being effective in accordance with the time periods set out in the Takaful Plan Terms and Conditions.
  - 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 saving bonds (which will be subject to the Saving Bonds 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 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 appropriately 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 profit share.

**APPLICANT SIGNATURE**

**Date:**

**Signature:**

**FOR OFFICIAL USE ONLY**

Signature Admitted  ID Verified  Documents Attached

**Sourced By**  **Approved By**

**Name:**

**Signature:**

### IMPORTANT GUIDELINES FOR COMPLETING THE FORM

Please complete this form in BLOCK letters using blue or black ink. Sign on any amendments or modifications done. Sign in the space provided after reading the terms and conditions that are an integral part of this application. You have 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 invalidated.

Do you want Takaful Plan only?  Yes  No **If yes, please enter your Customer Account Number:**

### SECTION 1: PERSONAL DETAILS

Name (As Per The Passport)	<input type="text"/>			Gender:	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth:	<input type="text" value="dd / mm / yy"/>	Nationality:	<input type="text"/>	Place of Birth:	<input type="text" value="City"/> <input type="text" value="Country"/>
Email ID:	<input type="text"/>			Mobile:	<input type="text"/>
Residence Address:	<input type="text" value="Address"/>	P.O. Box:	<input type="text"/>	City:	<input type="text" value="Country"/>

### SECTION 2: TAKAFUL COVER

Basic Death Benefit & Permanent Total Disability	<input type="text" value="Amount"/>
Regular Contribution AED	<input type="text" value="Amount"/>
Plan Term	<input type="text" value="Years"/>
Contribution Term	<input type="text" value="Years"/>
Payment method	<input type="text"/>

### SECTION 3: BENEFICIARY(IES) DETAILS

Beneficiary Name	Relationship	Date of Birth	% of benefit distribution
<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"/>

Note: in case the certificate's proceeds are to be distributed as per Shari'a law, please write "as per Shari'a law" in the first column of the above "beneficiary(ies) details". In case beneficiary is minor, please provide details of guardian.

Guardian Name	Age	ID / Passport No.	Relationship to Beneficiary(ies)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 4: PERSONAL DETAILS FOR RISK ASSESSMENT

- Has any of your application for life Insurance, Health or Critical Illness ever been declined or postponed or been accepted with an extra premium?  Yes  No
- Are you suffering from any disease or physical impairment or deformity?  Yes  No
- Have you ever suffered from or are you currently suffering from or being treated for any of the following:
  - Diabetes?  Yes  No
  - Heart disease or high blood pressure or chest pain or blood vessel disorders?  Yes  No
  - Cancer or any tumor or lumps or enlarged glands?  Yes  No
  - Disease of kidneys or liver or blood or lungs or digestive system or gall bladder or pancreases or reproductive organ?  Yes  No
  - Stroke or neurological or psychiatric or mental illness?  Yes  No
  - Any disease or deformity related to muscles or joints or limbs or spine?  Yes  No

### SECTION 5: PRINCIPLES OF TAKAFUL - SUBSCRIPTION SECTION

I hereby, and by signing this document, confirm that I have fully understood and agreed on all the following bases that govern my relationship with Noor Takaful Family PJSC, as well as the following Takaful principles provided and approved by Noor Takaful Family PJSC:

- Takaful is a scheme based on joint-guarantee, brotherhood, solidarity and mutual cooperation among a group of people called participants to help and provide financial assistance to each other. The objective of the scheme is to provide financial protection to the participants. Through the principles of Takaful, which encourages people to co-operate and help one another for a good cause as embodied in the teaching of Islam.
- In line with the above concept, I agree to make Takaful contributions into the participants' risks account (PRA) as donation "Tabarru" for the purpose of solidarity and mutuality, and with the payment of the Takaful contribution. I will be entitled to the Takaful benefits in accordance with the Islamic Shari'ah rules and principles of cooperation, mutual help and joint indemnity.
- In the event that the PRA has a shortfall in fulfilling its Takaful obligations, Noor Takaful Family PJSC shall grant an interest free loan (Al Qard Al Hasan) from its standby capital to provide the total amount of any losses in the participant's risk account which shall be recouped from future surpluses of the PRA.
- Noor Takaful Family PJSC, as a scheme manager, acts as an agent (Wakeel) in managing the Takaful operations on behalf of me as a participant, in return the Noor Takaful Family PJSC is entitled to a Wakalah fee, which is deducted from the Takaful contributions paid by me.
- The plan and its investment accounts shall be governed by the principles and provisions of the Islamic Shari'ah as advised by the Shari'ah Board of Noor Takaful Family.
- The Takaful certificate issued by Noor Takaful Family PJSC, and all rights, obligations and liabilities arising there under, shall be construed, determined and enforced in accordance with the applicable federal laws of the United Arab Emirates to the extent these laws are not inconsistent with the rules and principles as interpreted by the Shari'ah Board of the Noor Takaful Family PJSC, in which case the latter will prevail. The courts of the United Arab Emirates shall have exclusive jurisdiction with respect to any dispute arising from this Takaful certificate.

Amalgamation of Funds  
The PRA fund may be amalgamated with other family and medical Takaful funds.

Zakat  
In the case of individual family schemes, Noor Takaful Family PJSC shall not be responsible for payment of zakat on the participants' individual investment portfolio.

Authorised official on behalf of Noor Takaful Family

### SECTION 6: SIGNATURE OF THE APPLICANT

Date:  Signature:

### SECTION 7: REPRESENTATIVE DETAILS AND WITNESS TO PROPOSAL

Name:

Code & Branch:

Signature & Date:

Note: please keep safe the documents and correspondences exchanged between you and Noor Takaful.