


AGENCIES & BRANCHES

- ABA**
1 Julibee Road
Aba
Tel:0803 218 1930
- ABAKALIKI**
85 Atikpo Road
Abakaliki
Tel:0808 772 6197, 0805 102 5829,
0706 546 2858
- ABUJA**
79 Adetokunbo Ademola
Crescent Wuse II
Abuja
Tel:09 - 780 5807
- ASABA**
455, Nnebisi Road
City Complex
Asaba
Tel: 0805 250 2929
- ASPAMDA**
3rd Floor
Block 14
Zone B
Aspamda
Tel:01-882 1014, 0702 771 5840
- BENIN**
140 New Lagos Road
Benin City
Tel:052 - 290 598; 0805 704 7907
- CALABAR**
P/lor. 38 Mcc (Anasa) Road
Calabar
Tel:087 - 845 189; 0805 044 6640
- ENUGU**
4 Ridgeway/station Road
State Secretariat, GRA
Enugu
Tel:042 - 339 996; 081 837 44930
- IBADAN**
1 Navada Plaza
Liberty Road
Ibadan
Tel: 02-871 3780, 0805 223 3313
- IKEJA**
First Floor 103 Allen Avenue
Ikeja
Tel:0803 443 1794
(Takaful Department)
- LAGOS**
34 Association Avenue
Ilupeju
Tel:01-817 0171; 896 4856;
950 3535; 454 7003
- JOS**
22 Ahmadu Bello Way
Opp AP Filling Station
Jos
Tel:0803 604 9269
- KADUNA**
1st Floor EK House
5D Kanta Road
Kaduna
Tel:062 - 887 047, 0802 789 9740;
- KANO**
10/12 Lagos Street
CFAO House
Kano
Tel:064 - 891 225; 0805 775 8618
- ONITSHA**
109 Upper New Market Road
By D.M.G.S Roundabout
Onitsha
Tel:046 - 870 710; 046 - 870 712
- PORT-HARCOURT**
245 Aba Road
Pn Expressway/Ekere St. Junction
Port-Harcourt
Tel: 084-778 542; 0803 676 9898



INSURANCE PLC

FAMILY TAKAFUL
(ISLAMIC LIFE INSURANCE)

ESTABLISHED IN NIGERIA 1960

REGISTERED

HEAD OFFICE:
AFRICAN ALLIANCE HOUSE
112, BROAD STREET, LAGOS.
POST OFFICE BOX 2276,
LAGOS.

Tel:01- 4547003, 07067374890

E-mail: takaful@africanallianceplc.com
www.africanallianceplc.com

Designed and Printed By TOYOT PRESS, S.R.L, LAGOS. ☎ 01-3302079

WE TRANSACT

- THE FAMILY TAKAFUL PLAN (AL-ISTIDAD PLAN)
- PENSION PLAN (AL-NASIR PLAN)
- FAMILY CREDIT PLAN (AL-NAATIJAT DAYNU PLAN)
- EDUCATIONAL PLAN (AL-ILMU PLAN)
- MORTGAGE PROTECTION PLAN (BAYTU SURUR)
- ARAFAT PLAN (HAJU PLAN)
- AN INSURANCE AGENT WHO ASSISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR FAMILY TAKAFUL SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT

12. FOR FEMALE PARTICIPANTS ONLY (1) Are you now pregnant? (2) Have you ever had miscarriage, difficult labour, Caesarean section. or any complications in previous pregnancies/current pregnancy? (3) Have you suffered from any disease of the breast or sexual organ?	YES/NO	DETAILS												
13. HAVE YOU EVER HAD (a) Unexplained recurrent or persistent fever or skin disorder? (b) Persistent or unexplained Night Sweats? (c) Unexplained Weight Loss (d) Unexplained infections or swollen glands? (e) Chronic or Recurrent Diarrhoea? (f) Persistent Cough? (g) Hepatitis B or any Sexually Transmitted Disease including Genital sores or discharge?	YES/NO	DETAILS												
14. HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR?	YES/NO	DETAILS												
15. Have you ever received any blood transfusion within the last 5 years? Please give full details of positive answers-----	YES/NO													
16. GENERAL Is there any other fact, circumstances or information regarding your health and way of living, which was not specifically mentioned above?														
NOTE (1) No benefit shall be payable under this Takaful Rider Contract for death occurring during 12months due to illness or injury occurring before the Date of Entry (2) For Participant who has more than one wife, the wives should be covered under separate Supplementary Contract. Similarly children from different spouse or adopted children also need to be covered under separate Supplementary Contract under their natural parent.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">NOMINEE (please give details)</th> <th style="text-align: left;">NAME</th> <th style="text-align: left;">D.O.BIRTH</th> <th style="text-align: left;">RELATIONSHIP</th> <th style="text-align: left;">PERCENTAGE</th> <th style="text-align: left;">AGE</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">NO.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NOMINEE (please give details)	NAME	D.O.BIRTH	RELATIONSHIP	PERCENTAGE	AGE	NO.					
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NO.														
NOTE In the event that the Policy is surrendered within a period of two years commencing from the Date of Entry the Company shall charge the following fees:- (i) Administrative expenses to the Participant who is not subject to medical examinations. (ii) Administrative and medical expenses to the Participant who is required to undergo medical examinations.														
DECLARATION I, the undersigned to the best of my knowledge hereby confirm that statements contained in this Proposal Form are true and correct and I have not concealed, mis-represented or mis-stated any material fact. Should any part of the statements be proven to be false, the Company shall have the right to deprive me of the Takaful benefits from the Participants' Special Accounts under the Company's Family Takaful (Solidarity) Business. I hereby authorize any physician, hospital, clinic, institution or person, that has any records or knowledge of me or my health, to disclose to African Alliance Insurance Plc all information about me with reference to my health and medical history. I agree that the statements and the declaration contained in this Proposal Form shall be the basis of the Contract of African Alliance Family Takaful and are deemed to be incorporated in the contract.														
THE CONTRACT I hereby agree that on the basis of the principle of Al-Mudharabah and other related principles of the Shariah----% of the Takaful installment that I undertake to pay African Alliance be credited into my Participant's Special Account with the Company as "tabaru" for the Company to pay the Takaful Benefit upon death or permanent total disability of the Participants who are entitled to such benefits under the Family Takaful Business, and the balance of-----% be credited into my Participant's Account with the Company for the Company to manage the various types of Takaful Plan under its Family Takaful Business including the investment of the said installment in a manner deemed fit by the Company and in consideration thereof. I shall be entitled to the Takaful Benefits as expressed in the Terms and Conditions of this Takaful contract and to share the profits generated from the investment, if any, in the proportion ---% to me and ---% to the Company. I also hereby agree that on the basis of the principle Al-Mudharabah and other related principles of the Shariah the whole of the additional takaful contribution that I undertake to pay to African Alliance Insurance be credited into the Family Takaful Fund as "tabaru" for the Company to pay the takaful benefit as specified in section 2 (B) as above. I shall be entitled to share the net surplus (profit) of the "tabaru" Family Takaful Plan, if any, in proportion% to me and% to the Company provided always that I have not incurred any claim and/or received any benefits under the supplementary contract whilst the same is in force.														
FAMILY RIDER I hereby agree that on the basis of the principle of Al-Mudharabah and other related principles of the Shariah the whole of the additional Takaful contribution that I undertake to pay African Alliance be credited into the Participant's Special Account of Family Takaful as "tabaru" for the Company to pay the Takaful benefits subject to the Terms and Conditions of the Plan including the investment of the said contribution in a manner deemed fit by the Company and, in consideration thereof, I shall be entitled to the Takaful Benefits and to share the net surplus (profit) from Takaful Fund if any, upon maturity of the Plan.														
Signature of Witness Name:-----	Signature of Participant Date:-----													

FAMILY TAKAFUL
(ISLAMIC LIFE INSURANCE)

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TEL: 01- 4547003, 07067374860
E-mail: takaful@africanalliance.com
www.africanallianceinsurance.com

Kindly ensure that you collect
the official receipt for each
payment you make

AMOUNT PAID.....
.....
RECEIPT NO.....
DATE.....

PROPOSAL FOR PARTICIPATION IN THE FAMILY TAKAFUL PLANS

FOR OFFICE USE ONLY	PLAN CODE:_____
Proposal No._____	Date Proposal received_____
Policy No._____	Medical_____ Non Medical_____

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

ALL QUESTIONS MUST BE FULLY COMPLETED IN BLOCK LETTERS AND IN INK.

1. THE PROPOSAL

SURNAME _____
OTHER NAMES _____
Maiden name (if married woman) _____
Residential Address _____
Type of I. D. (e.g Drivers Licence, Voters Card, Int. Passport, National I. D. Card) _____
Employer's Name _____ *Pls. attach a copy*
Office Address _____
Postal Address _____
Source of Finance/Income _____
E-mail Address _____ Tel. No. _____
Precise Occupation (please give full details) _____
Status: Married Single Widowed
Religion: Muslim Non Muslim
Sex: Male Female
Age next Birthday-----Date of Birth----- Place of Birth -----
(Proof of Age to be submitted)

2. TAKAFUL PLAN

(A.) **TYPE OF TAKAFUL PLAN REQUIRED:**
 THE FAMILY TAKAFUL PLAN (AL-ISTIDAD PLAN) EDUCATIONAL PLAN (AL-ILMU PLAN)
 PENSION PLAN (AL-NASIR PLAN) MORTGAGE PROTECTION PLAN (BAYTU-SURUR PLAN)
 FAMILY CREDIT PLAN (AL-NAATIJAT DAYNU PLAN) ARAFAT PLAN (HAJJ PLAN)
DURATION OF PARTICIPATION: _____
AMOUNT OF TAKAFUL INSTALMENT: _____
 Monthly Quarterly Half Yearly Yearly Single
COMMENCEMENT DATE: _____
(B.) **SUPPLEMENTARY COVER (IF REQUIRED) (Additional Amount of Takaful)**
(a.) Permanent and Total Disability N _____
(b.) Personal Accident N _____
(c.) Hospitalisation Benefit N _____
(D) Family Rider N _____
TOTAL AMOUNT OF TAKAFUL INSTALMENT: N _____
METHOD OF PAYMENT OF TAKAFUL: (TICK APPROPRIATE ONE)
 CASH/CHEQUE SALARY DEDUCTION BANK STANDING INSTRUCTION DIRECT DEBIT
BANKER _____ ACCOUNT NO _____

3. STATEMENT OF HEALTH

1. HAVE YOU IN THE PAST FIVE YEARS CONSULTED:
YOUR DOCTOR? YES/NO DATE
ANY OTHER DOCTOR? YES/NO DATE
IF 'YES' PLEASE GIVE NAME OF THE DOCTOR _____ ADDRESS _____
HOW LONG HAVE YOU BEEN CONSULTING THE DOCTOR?-----years
REASONS FOR THE CONSULTATION(S) _____

4. PHYSICAL DESCRIPTION

(a) What is your height?-----cm (b.) What is your weight?-----kg
(Accurate up-to-date figures should be given in ordinary indoor clothing and footwear)
(c) Have you any physical deformity or infirmity?
(for example Rupture, Hernia or Varicose Veins)? YES/NO GIVE FULL DETAILS

5. FAMILY HISTORY

Has any of your immediate family i.e. Parents, Brothers or Sisters, Wife or Husband or Children suffered from Tuberculosis, Diabetes, Stroke, Heart Disease or Mental illness?.	YES/NO	RELATIONSHIP	DETAILS

6. OTHER FAMILY TAKAFUL

(a) Has any Takaful Proposal on your life ever been made? If so state:
i.) Name of the Company _____
ii.) Date of the Proposal _____ iii.) Whether accepted at Ordinary Terms _____
(b) Has your Proposal ever been declined, withdrawn, deferred or accepted only on special terms by this Company or any other Takaful company? YES/NO (If yes state)
i.) Name of Company _____
ii.) When _____ iii.) Reason _____

7. HOBBIES AND PASTIMES

Have you any intention or expectation of: (a) Flying except as an ordinary fare paying passenger on a regular public air service or charter plane? (b) Engaging in any hazardous pursuit or hobbies, (motorcar or motorcycle racing, horse racing, Mountaineering, steeple-chasing, etc) or any sport as a professional? (c) Becoming a member of the Armed Forces?	YES/NO	DETAILS

8. Is there any other fact or circumstances affecting your eligibility for participation in Family Takaful which ought to be Stated.

If Yes please give details _____

9. HABITS

(a) Do you now take or have you been taking any medicines regularly (particularly stimulants, antibiotics, sleeping pills or sedatives)? (b) How many cigarettes or cigars do you smoke daily ? (c) What is your average daily consumption of alcohol?	YES/NO	DETAILS

10. WHAT SPECIAL INVESTIGATIONS AND /OR TREATMENTS HAVE YOU HAD?

(a) X-ray examination (Chest , Barium Meal etc)? (b) E.C.G? (c) Any other hospital or pathological investigation and /or Treatment?	YES/NO	DATE	DETAILS

11. ILLNESSES AND AILMENTS:

HAVE YOU EVER SUFFERED OR DO YOU NOW SUFFER FROM: (a) Epilepsy, fits or fainting attacks or other mental disturbances? (b) Tuberculosis, asthma ,persistent cough, pneumonia or any other chest disease? (c) Rheumatic Fever, hypertension, circulatory or heart trouble? (d) Indigestion, gastric or duodenal ulceration, jaundice, Gall Bladder complaints or Diabetes Mellitus? (e) Nervous disease or nervous breakdown or Frequent Headaches? (f) Any infection of the Kidney Urinary or Genital Organs, Renal Stones, difficult or painful urination, bloody Urine? (G) Syphilis, Gonorrhoea or other venereal diseases?	YES/NO	DATE	DETAILS



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E-mail: takaful@africanallianceinsurance.com
Website: <http://www.africanallianceinsurance.com>

**PROPOSAL FORM
PARTICIPATION IN THE MUDHARABAH INVESTMENT PLAN (MIP)**

BLOCK LETTERS PLEASE

Surname (State Title Mr. / Alhaji/Chief) _____

Other Names _____

Sex _____ Place of Birth _____ Date of Birth _____

Age Next Birthday _____ Marital Status _____

Residential Address _____

Type of Identification (e.g Driver Licence, Voters Card, Int. Passport, National I.D Card) _____
Pls. attach a copy

Source of Finance / Income _____

Postal Address _____

Tel No _____ GSM No _____ E-mail _____

Exact Nature of Occupation _____

Next of Kin _____

Relationship _____

Address _____

Tel No _____

Tenor MIP _____ Effective Date _____ Purpose of MIP _____

MIP Contribution ₦ _____ Frequency of Contribution _____

DECLARATION:

I declare to the best of my knowledge and belief that the foregoing answers in this proposal are true and complete, and will form the basis of the contract of African Alliance Insurance Mudharabah Takaful Plan.

Signature of Participant _____ Date _____

Name of Witness _____ Signature of Witness _____