



Group Family Takaful Scheme
DECLARATION OF GOOD HEALTH

To be completed by Apna Bank (Microfinance) Borrowers-Account Number: _____

Name of Customer/ Borrower:		Date of Birth:	
Father's/Husband's Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	CNIC #:	Mobile/Landline No.	
Home Address:			
Occupation	Height (Inch):	Weight (Kg):	Do you use tobacco or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No

Health Declaration

Please provide answers to the below Questions and provide details of any "Yes" answers below _____

Q1. Have you had any injury, sickness, or ailment, or have you consulted or been treated by a healthcare provider for any reason in the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Q2. Do you contemplate any operation or visit to a doctor for an existing injury or ailment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Q3. Within the last 10 years, did you attend or have you been treated by a physician or a medical institution for any serious illness, chronic disease or accident related injury (for example: heart disease, stroke, high blood pressure, diabetes, cancer, lung disease, kidney failure, raised lipids, organ transplant, multiple sclerosis, HIV / AIDS, paraplegia)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Q4. Do you take regular medication for treatment or control of any condition or ailment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Q5. For Female only: Are you pregnant? Or have you ever had any gynecological, obstetrical or breast disease/medical condition?				
Injuries, Diseases, Disorders & Operations	Month, Year	Duration	Result	Name & Address of Healthcare providers consulted
Q6. (a) Have you been tested for Covid-19? If Yes, Date of the test: _____ . Result of Test	<input type="checkbox"/> Yes-Positive	<input type="checkbox"/> No-Negative		
(b) Have you made a complete recovery with no sequelae?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Q7. Within the past 14 days have you had any contact with someone confirmed as infected with the virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Declaration by the Participant

I, the above named, the applicant for Takaful coverage, declare that all the statements made above are true to the best of my knowledge and belief. I consent to the company seeking medical information from any doctor who at any time has attended me for any condition, which affects my physical or mental health, or from any Takaful/Insurance office to which a proposal has been made for Takaful coverage on my life and I authorize the giving of such information.

I confirm my understanding that failure to disclose a material fact may lead to the rejection of any claim relating to this Takaful Scheme.

Date of Statement _____

Signature of the proposed Customer

Declaration by the Apna Microfinance Bank

I hereby certify that all answers to questions appearing on this form are true and complete to the best of my knowledge and belief.

Date of Statement _____

Signature of the Branch Manager