



Hajj, Umrah and Ziyarat

TRAVEL Takaful



Product Details

Product Plan

☐ Basic
\$10,000

☐ Plus
\$20,000

☐ Extra
\$30,000

☐ COVID 19

Coverage

☐ Individual

Tenure

☐ 6 Months

☐ 12 Months

Student Details:

Name: _____

Date of Birth (Day/ Month/ Year):

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Passport Number: _____

CNIC Number (Self): _____

CNIC Issue Date: _____

Postal Address: _____

Province: _____

City: _____

Mobile No: _____

Email Address: _____

University Name: _____

Beneficiary Details:

Beneficiary Name (1): _____

Relationship: _____

Address: _____

CNIC Number (Beneficiary): _____

CNIC Issue Date: _____

Beneficiary Name (2): _____

Relationship: _____

Address: _____

CNIC Number (Beneficiary): _____

CNIC Issue Date: _____

Travel Details

Country of Visit: _____

From: _____

To: _____

Purpose of Visit: _____

Declaration: I/ We hereby declare that I/we being the beneficiary (ies) of the Travel Takaful PMD that all declarations are true and after reviewing the PMD terms & conditions I /we agree and confirm its contents. Furthermore, I/we confirm my (our) declaration that all preexisting cases are not covered by this Takaful and coverage is valid only outside my (our) country of residence and my (our) Takaful is not by any mean an authorization to seek treatment abroad. I (we) agree that this Takaful cannot be cancelled or amended after its risk inception or commencement of travelling.

Notes:

1. Copy of CNIC and Passport (First page) must be submitted along with this application form
2. Application form should be duly completed and signed by the applicant (s)
3. This Takaful PMD is valid if Obtained before commencing the Trip and the Trip has commenced from Pakistan during the period of Takaful Coverage.

Applicant's Signature