

# WAQAF SERVICES FORM

## BORANG PERKHIDMATAN WAQAF



Proposal No. No. Cadangan	<input type="text"/>	New NRIC No. No. KP. Baru	<input type="text"/> - <input type="text"/> - <input type="text"/>
Certificate No. No. Sijil	<input type="text"/>	Old NRIC/BC/Passport No. No. KP. Lama/Sijil Kelahiran/Pasport	<input type="text"/>

### Notes Nota :

- (a) Participant must be 16 years old and above to opt for this service.  
*Peserta perlu berumur 16 tahun dan ke atas untuk memilih perkhidmatan ini.*
- (b) This waqaf form is applicable for any Takaful coverage with regular and single contribution, except credit-related products.  
*Borang waqaf ini boleh diguna pakai untuk mana-mana perlindungan Takaful dengan caruman tetap dan tunggal, kecuali produk-produk berkaitan kredit.*
- (c) This waqaf form is not applicable for third party certificate.  
*Borang waqaf ini tidak boleh digunakan untuk sijil pihak ketiga.*
- (d) Waqaf is not applicable if the certificate is assigned.  
*Waqaf tidak boleh digunakan jika sijil telah diserahkan.*
- (e) In the event of death of the person covered, the basic sum covered, less any indebtedness under this certificate, will distributed to the appointed organization(s) and/or person(s), based on the following order:  
i) Organization perform Badal Hajj (for muslims only, if applicable)  
ii) Waqaf organization(s)  
iii) Nominee (if applicable)  
*Sekiranya orang yang dilindungi meninggal dunia, jumlah perlindungan asas setelah ditolak hutang jika ada, akan diagihkan kepada organisasi waqaf dan/atau individu, berdasarkan keutamaan berikut:  
i) Organisasi yang menguruskan Badal Haji (untuk muslim sahaja, jika ada)  
ii) Organisasi Waqaf  
iii) Penama (jika ada)*
- (f) For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at [greateastertakaful.com](http://greateastertakaful.com).  
If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-13-8338, or write to the Takaful Operator at [i-greatcare@greateastertakaful.com](mailto:i-greatcare@greateastertakaful.com).  
*Untuk maklumat berkenaan pemrosesan data peribadi dan hak anda ke atas data peribadi anda, sila rujuk Notis Perlindungan Data Peribadi yang dipaparkan dalam laman web [greateastertakaful.com](http://greateastertakaful.com).  
Jika anda mempunyai sebarang pertanyaan atau aduan (seperti mengehadkan pemrosesan maklumat tertentu, termasuk membatalkan persetujuan untuk menerima maklumat pemasaran), anda boleh menghubungi talian **Careline** kami di 1300-13-8338, atau tulis kepada Pengendali Takaful di [i-greatcare@greateastertakaful.com](mailto:i-greatcare@greateastertakaful.com).*

Name of Proposer / Participant:

Nama Pencadang / Peserta \_\_\_\_\_

Percentage of Waqaf Deduction :  5%  10%  15%  20%  25%  30%

*Peratusan Potongan Waqaf*

\* Please tick the preferable percentage of basic sum covered to be deducted.

\* Sila pilih peratusan jumlah perlindungan asas yang anda ingin tolak.

### AUTHORISATION FOR WAQAF (PARTICIPANT) **KEBENARAN WAQAF (PESERTA)**

I hereby authorize the Takaful Operator, that in the event of my death, to deduct the percentage of basic sum covered above as Waqaf to be distributed by any waqaf organization appointed by Takaful Operator for any purpose that the organization consider deemed fit and in accordance with Islamic principles

*Saya dengan ini bersetuju, sekiranya saya meninggal dunia, Pengendali Takaful dibenarkan untuk menolak daripada jumlah perlindungan asas sebagai Waqaf untuk diagihkan oleh mana-mana organisasi waqaf yang dilantik Pengendali Takaful untuk apa sahaja cara yang difikirkan paling sesuai dan tidak melanggar hukum syarak.*

Signature of Proposer / Participant

*Tandatangan Pencadang / Peserta*

Date :

*Tarikh*

**Great Eastern Takaful Berhad (916257-H)**

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