

Certificate No. Name of Participant Certificate Lapsed on **IMPORTANT NOTICE:****In relation to takaful contracts wholly unrelated to your trade, business or profession**

TAKE NOTE that you are under a duty to take reasonable care not to make any misrepresentation when:

- (a) answering specific questions that are relevant to the decision of the Takaful Operator whether to accept the risk or not and the rates and terms to be applied; and
- (b) confirming or amending any matter previously disclosed by you in relation to your takaful contract.

In addition to answering the specific questions in the application form, you are also required to take reasonable care to disclose to us any matter which you know to be relevant to the decision of the Takaful Operator on whether to accept the risk or not and the rates and terms to be applied.

Your duty of disclosure under Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013 shall continue until the time the contract is entered into, varied or renewed.

In relation to takaful contracts related to your trade, business or profession

TAKE NOTE that you are under a duty to disclose to the Takaful Operator any matter that –

- (a) you know to be relevant to the decision of the Takaful Operator on whether to accept the risk or not and the rates and terms to be applied; or
- (b) a reasonable person in the circumstances could be expected to know to be relevant.

You should fully and accurately answer all the questions in the application form and any other questions asked by the Takaful Operator.

Your duty of disclosure under Paragraph 4(1) of Schedule 9 of the Islamic Financial Services Act 2013 shall continue until the time the contract is entered into, varied or renewed.

If you do not understand your obligations as stated above or if you need any further explanation, you can contact the Takaful Operator or the Takaful Operator's agent.

If you are in any doubt about whether certain facts are material, these facts should be disclosed. The entire pre-printed text of this application form is the standard type in use for purpose of applying for takaful with the Takaful Operator. Any alteration to or deletion of any part of the text will require the applicant's specific instruction in writing separately addressed to the Takaful Operator for individual consideration and concurrence. You should request for and study the brochures, benefit illustration, Product Disclosure Sheet and certificate contract in respect of the certificate product paying particular attention to the benefits which are guaranteed and benefits which are not guaranteed, and your duties as a certificate owner under the certificate contract. You are at liberty to participate or not to participate in any of the products covered in this application form.

All questions must be fully completed in block letters and in black ink, and by ticking (✓) the appropriate boxes.

PERSONAL DETAILS	SECTION A: PARTICULARS OF PERSON COVERED	SECTION B: PARTICULARS OF PARTICIPANT (IF DIFFERENT FROM PERSON COVERED)
1. Title	<input type="checkbox"/> Mr <input type="checkbox"/> Madam <input type="checkbox"/> Miss <input type="checkbox"/> Others <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Madam <input type="checkbox"/> Miss <input type="checkbox"/> Others <input type="text"/>
2. Full Name (as shown on NRIC)	<input type="text"/>	<input type="text"/>
3. New NRIC No.	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Birth Certificate/ Passport/ROC	<input type="text"/>	<input type="text"/>
4. (a) Occupation	<input type="text"/>	<input type="text"/>
(b) Exact Nature of Work	<input type="text"/>	<input type="text"/>

PERSONAL DETAILS	SECTION A: PARTICULARS OF PERSON COVERED	SECTION B: PARTICULARS OF PARTICIPANT (IF DIFFERENT FROM PERSON COVERED)
5. (a) Height (cm)	<input type="text"/> <input type="text"/> (cm)	<input type="text"/> <input type="text"/> (cm)
(b) Weight (kg)	<input type="text"/> <input type="text"/> <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> kg
(c) Any weight gained / lost for the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" <input type="checkbox"/> Gained <input type="checkbox"/> Lost <input type="text"/> kg	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" <input type="checkbox"/> Gained <input type="checkbox"/> Lost <input type="text"/> kg

I / We the abovementioned Participant / Person Covered, acknowledge that my / our above certificate has lapsed. I / We request you to reinstate the said Certificate, hereby expressly declaring and agreeing that the reinstatement thereof shall be on the faith of and conditional upon the truth of the following statements and in accordance with the terms and conditions stated below. Since the time of the original proposal which formed the basis of the said Certificate:

Please tick (✓) accordingly

I. PARTICULARS OF EXISTING AND / OR CONCURRENT TAKAFUL COVERAGE

(e.g: Person Covered / Accident / Dread Disease / Disability / Medical / Health Takaful)

	PERSON COVERED		PARTICIPANT	
	YES	NO	YES	NO
1. Do you have any existing insurance / takaful including those now being proposed to other companies / takaful operators? If "YES", please give details. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any proposal, reinstatement or application for renewal of insurance / takaful on you (including those now been proposed to other companies / takaful operator) ever been declined, postponed, rated, restricted or in any way modified or subjected to additional terms? If "YES", please give details. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. (a) Is this proposal replacing or intended to replace any existing certificate with us or any other takaful operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have you surrendered or terminated any of your existing family takaful certificate(s) in the last 12 months and now to be replaced with the application of this new certificate? If your answer is "YES" to question 3(a) or 3(b), please complete the "Declaration Form on Replacement of Family Takaful Certificate".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. FAMILY & OTHER PERSONAL INFORMATION

1. Family History: Has any of your parents, brothers or sisters ever suffered from heart diseases, stroke, hypertension, diabetes, kidney disease, mental disorders, cancer, hereditary, neurological or congenital disease? If "YES", please give details. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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III. HEALTH DETAILS AND LIFESTYLE

1. Are you now in good health and free from disease or injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever smoked or use any tobacco / nicotine product (eg. Cigarettes, cigar or pipes) in the last 12 months? If "YES", <input type="text"/> <input type="text"/> cigarettes / cigar per day and number of years of usage. <input type="text"/> <input type="text"/> years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you consume alcoholic drinks? If "YES", state average weekly consumption:- PERSON TO BE COVERED Beer/Stout <input type="text"/> <input type="text"/> small bottles Wine <input type="text"/> <input type="text"/> glasses Whiskey/brandy/others <input type="text"/> <input type="text"/> pegs <input type="checkbox"/> Social PARTICIPANT Beer/Stout <input type="text"/> <input type="text"/> small bottles Wine <input type="text"/> <input type="text"/> glasses Whiskey/brandy/others <input type="text"/> <input type="text"/> pegs <input type="checkbox"/> Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently receiving medical treatment and/or suffering from physical impairment or infirmity, congenital abnormality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever taken or do you now take any drugs or narcotics, other than those validly prescribed by doctors, or been treated for drug habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had, been diagnosed to have, been investigated, treated or advised to seek any medical or surgical treatment for any conditions listed below: (a) Stroke, transient ischemic attack (TIA), brain hemorrhage or brain injury, epilepsy, convulsion (fits), paralysis, Parkinson's disease, Alzheimer's disease, Multiple sclerosis, prolonged recurrent dizziness or headache, migraine, cerebral palsy or other disease or disorder of the brain or nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. HEALTH DETAILS AND LIFESTYLE

	PERSON COVERED		PARTICIPANT	
	YES	NO	YES	NO
(b) Depression, anxiety, schizophrenia, suicide attempt, attention deficit hyperactivity disorder (ADHD), autism, Down's syndrome, dementia, or any other mental health or psychiatric illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Asthma, bronchitis, tuberculosis (TB), pneumonia, coughing of blood or any other disease or disorder of the lungs or respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Chest pain, angina, palpitation, irregular heartbeat, coronary artery disease, heart attack, raised cholesterol, hypertension (high blood pressure), hypotension (low blood pressure), heart valve disorder, cardiomyopathy, heart defects from birth or heart surgery, deep vein thrombosis, varicose veins or any other disease or disorder of the heart or vascular system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Diabetes, abnormal blood sugar, thyroid disease, goiter, thalassemia, anaemia, haemophilia or other disease or disorder of the endocrine glands, blood, chromosomal abnormality or hereditary disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Gastritis, gastric or duodenal ulcer, gastro-oesophageal reflux disease (GERD), colitis, Crohn's disease, hernia, fistula, piles, blood in stool, vomiting blood or other disease or disorder of the digestive system or gastrointestinal tract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Jaundice, Hepatitis B or C, gall bladder or biliary system stone or obstruction, pancreatitis or other disease or disorder of the liver, gall bladder, biliary system or pancreas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Kidney or urinary system stones, kidney infection, polycystic kidneys, protein or blood in urine or any disease or disorder of the kidney, ureter, bladder, urethra, prostate or genital organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Cancer, tumour, cyst, lump, growth, lymphoma, leukaemia, melanoma, Hodgkin's disease, bone marrow disorders, any malignant or pre-malignant condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Blindness, cataract, glaucoma, impaired sight (excluding long sighted and short sighted), impaired hearing or speech, deafness, tonsillitis, deviated nasal septum, chronic rhinitis, sinusitis, nose bleed, sleep apnoea or other disease or disorder of the eyes, ears, throat, mouth or nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Backache, slipped disc, spondylosis, arthritis, rheumatoid arthritis, systemic lupus erythematosis (SLE), osteoporosis, gout, psoriasis, chronic skin disease or other disease or disorder of the immune system, connective tissue, spine, muscle, bone or joint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Syphilis, gonorrhea, venereal disease, Human Papilloma Virus (HPV) infection or any other sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Any other illness, disease, disorder, disability, accident or hospitalization or any surgical operation or observation or treatment not of a routine nature that has not been mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. (a) Have you or your spouse or partner ever been tested for or received medical advice, counseling or treatment in connection with AIDS or infection with any Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is there anything in your lifestyle that puts you at an increased risk of AIDS or any AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have you or your spouse or partner in the past three months, suffered from any of the following for a continuous period of more than one week:- fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Have you ever resided for more than one continuous month in any country other than Malaysia for the past 1 year or do you intend to reside outside Malaysia for purposes other than brief holiday trips in the next 3 months? If "YES", please state name of country and purpose of residence below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever engaged or do you contemplate to engage in any of the following pursuits: Aviation, parachuting, motor sports, diving, mountaineering, or any other dangerous sports? If "YES", please give full details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 5 years, have you ever had or been advised or intend to undergo any investigation or screening test including but not limited to blood or urine test, mammogram, ultrasound, biopsy, X-ray, CT scan, MRI, ECG, treadmill ECG, echocardiogram, lung function test, bone density test, angiogram, scope, EEG, Sleep study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any other circumstances not already disclosed elsewhere in this proposal form that would render an assurance on your life more hazardous? If you are in doubt on whether certain circumstances are more hazardous, these circumstances should be disclosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. FOR FEMALE ONLY (Applicable for age next birthday 11 years old and above) (a) Are you now pregnant? If "YES", please state how many month pregnant. <input type="text"/> month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have you ever had any complications in current or previous pregnancies or childbirth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. HEALTH DETAILS AND LIFESTYLE

	PERSON COVERED		PARTICIPANT	
	YES	NO	YES	NO
(c) Have you ever been or currently being informed, investigated, treated or advised to seek any medical or surgical treatment for breast lumps, fibroids, ovarian cysts, polycystic ovarian syndrome, endometriosis, cervicitis, abnormal papsmear(s), or any other disease or disorder of the breast or female organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FOR CHILD (Up to 2 years old) ONLY				
(a) Was the child born premature / less than 37 weeks of gestation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "YES", please state gestational period: <input type="text"/> <input type="text"/> weeks and birth weight <input type="text"/> <input type="text"/> kg				
(b) Has the child ever been or currently being informed, investigated, treated or advised to seek any medical or surgical treatment for any complications at birth or in the first 30 days of life, prolonged neonatal jaundice requiring hospitalization, infection, breathing difficulty or lung disorder, G6PD deficiency, abnormal thyroid blood test, blood abnormalities, fits, congenital disorder or birth defects or developmental abnormalities, physical or mental impairment, hearing, eye-sight or speech impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If you answer "YES" to any of questions 4 to 12 or "NO" to question 1, please indicate the relevant question number and provide full details.

14. Are you presently a bankrupt? Yes ☐ No ☐

IV. DECLARATION FOR REINSTATEMENT

I/We hereby declare that I/we have read the application or the same was interpreted to me/us and the answers entered in the application are mine/ours and I/we hereby warrant and certify each of the above answers to be fully complete and true, and I/we agree that they shall be taken as the basis of the proposed reinstatement.

And I/we have given to your agent no other information in connection with this application form, except that written on or attached to this application form; and I/we hereby confirm that save for the relevant brochures, benefit illustrations and documents duly authorised by the Takaful Operator, your agent have not given me/us any document or information to induce me/us to enter into a certificate of takaful with your Takaful Operator.

I/We hereby authorise any physician, hospital, clinic, takaful/insurance company, organisation or institution, that has any records or knowledge of me/us or my/our health, to disclose to the Takaful Operator or its representative any information about me/us, my/our health and medical history and any hospitalisation, advice, treatment, disease or ailment, and I/we authorise the Takaful Operator and its representative to give and release any such information to any party it deems appropriate. A photocopy of this authorisation shall be as effective and valid as the original.

I/We hereby authorise the Takaful Operator to hold, use and disclose any personal information provided to the Takaful Operator (whether contained in this Proposal Form or otherwise) to its group of companies, agents or any business associate for the purpose of offering financial planning, products and/or services and to communicate with me/us for such purposes.

NOTES

Reinstatement is not allowed for:

- (1) Certificate which has lapsed more than 3 years.
- (2) Female Participant/Person Covered who is pregnant 8 months and above.
- (3) Participant/Person Covered who has attained age 60 next birthday and above, but may be considered on a case-by-case basis.

The Takaful Operator reserves the right to request for further medical requirements in addition to the ones mentioned above, and expenses will be borne by the applicant.

Terms and Conditions

1. A lapsed certificate is not effectively reinstated until the reinstatement application has been duly approved, all contributions due to the Takaful Operator have been received and notification has been given by the Takaful Operator.
2. Acceptance of contribution payment to reinstate a lapsed certificate by any agent and/or officer of the Takaful Operator, whether or not a receipt is issued, shall not amount to acceptance of the Takaful Operator to approve and reinstate the lapsed certificate.
3. The reinstatement of a lapsed certificate is subject to the absolute discretion of the Takaful Operator. The reinstatement application will be approved upon satisfactory evidence of eligibility to be covered.
4. The Takaful Operator is not at any risk or liability whatsoever while the certificate is lapsed.
5. It is expressly declared and agreed that in respect of any reinstated certificate, the effective date of the (i) Indisputability and Suicide provisions contained in the Privilege and Conditions of the certificate and (ii) Waiting Period stipulated in the certificate or benefits, shall commence from the date the certificate is reinstated by the Takaful Operator.

ATTENTION: THIS REINSTATEMENT IS SUBJECT TO THE TERMS AND CONDITIONS STATED ABOVE.

V. TAX RESIDENCY SELF-CERTIFICATION

Great Eastern Takaful Berhad (the "Takaful Operator") is required to collect information regarding the tax residency status of each Takaful Certificate Owner in order to comply with the Income Tax Act 1967 and the Income Tax (Automatic Exchange of Financial Account Information) Rules 2016 (collectively referred to as "Malaysian Laws on International Tax Compliance".) The Malaysian Laws on International Tax Compliance implement the standard for automatic exchange of financial account information in tax matters, commonly known as Common Reporting Standard ("CRS"), developed by the Organisation for Economic Co-operation and Development ("OECD").

Pursuant to the Malaysian Laws on International Tax Compliance, the Takaful Operator may be legally obliged to share the information provided by the Takaful Certificate Owner and other financial information with respect to the financial accounts of the Takaful Certificate Owner with the Inland Revenue Board of Malaysia ("IRBM"). IRBM may exchange such information with the tax authorities of another jurisdiction or jurisdictions in which the Takaful Certificate Owner may be a tax resident pursuant to an intergovernmental agreement to exchange financial account information.

Each jurisdiction has its own rules for defining tax residence. If you have any questions on how to determine your tax residency status or complete this form, you should consult your tax adviser or refer to the OECD automatic exchange of information portal at <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>. The Takaful Operator will not be in a position to provide assistance beyond the information set out herein.

Note: For takaful contract which provides cash value or an annuity, the Takaful Certificate Owner may be any person:-

- (a) who has entitlement to the cash value; or
- (b) has the authority to change the beneficiary named in the certificate; or
- (c) named as the owner in the certificate; or
- (d) with a vested entitlement to receive payment under the terms of the certificate

Notwithstanding the above, upon maturity of the takaful contract which provides cash value or annuity, the person entitled to received payment under the certificate shall be treated as the Takaful Certificate Owner.

Are you currently a tax resident outside Malaysia?

- ☐ No, I am currently solely a tax resident in Malaysia and do not have any foreign tax residency.
- ☐ Yes, I am currently a tax resident in the following list of countries/jurisdictions (please include Malaysia if applicable).

Please complete the following table indicating.

- (i) Where the Person Covered/Proposer/Participant is tax resident and
- (ii) The Person Covered's/Proposer's/Participant's TIN for each country/jurisdiction indicated.

If a TIN is unavailable please provide the appropriate reason **A, B or C** where indicated below:

No	Country of Tax Residence	Tax Identity No (TIN)	If TIN is not available, please indicate reason A,B or C	Reason why you are unable to obtain a TIN (Please fill if B is selected)
1				
2				
3				
4				
5				

Reason A - The country/jurisdiction where the Takaful Certificate Owner is resident does not issue TINs to its residents

Reason B - The Takaful Certificate Owner is otherwise unable to obtain a TIN or equivalent number
(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C - No TIN is required.
(Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

I/We certify that I/We am/are the Takaful Certificate Owner for the family takaful application to which this form relates. Where the Person Covered is a minor, I/We certify that I/We am/are authorised to act for and on behalf of the Person Covered in my/our capacity as the legal guardian of the Person Covered.

I/We acknowledge that the information contained in this form, including information regarding the Takaful Certificate Owner and any reportable account(s) may be reported to IRBM and exchanged with the tax authorities of another country or countries in which the Takaful Certificate Owner may be a tax resident, pursuant to intergovernmental agreements to exchange financial account information.

I/We declare that all statements made in this form are, to the best of my/our knowledge and belief, correct and complete. I/We undertake to inform the Takaful Operator within 30 days if there is any change in circumstances that affects the tax residency status of the Takaful Certificate Owner or causes the information contained herein to become incorrect or incomplete. I/We shall provide the Takaful Operator with an updated self-certification form within 90 days of such change in circumstances.

I/We understand that any person who provides any incorrect information required to be provided under the Malaysian laws of International Tax Compliance shall (unless the person can show that such incorrect information was provided in good faith) be guilty of an offence which is punishable with a fine not less than RM20,000 and not exceeding RM100,000, or imprisonment for up to six (6) months or both.

VI. PERSONAL DATA PROTECTION ACT (PDPA)

By submitting this form, you are providing personal information to the Takaful Operator.

The Takaful Operator will be processing your personal information provided in this form and/or further information and data that may be required by the Takaful Operator either from you or from any third parties.

Your personal information may be used, recorded, stored, disclosed or otherwise processed by or on behalf of the Takaful Operator (and its successors in title) for the following purposes:

- (a) to carry out takaful business
- (b) for this or any other or further takaful or financial related product or service or any alterations, variations, cancellation or renewal of such product or service by the Takaful Operator and other companies within the Company's group of companies (for information, log on to www.greateastertakaful.com);
- (c) research and audit including but not limited to historical and statistical purposes;
- (d) any claim or investigation or analysis of such claim;
- (e) to ascertain your claims history in order to improve claims processing and prevent fraudulent claims;
- (f) to exercise any right of subrogation;
- (g) to match any data held by the Takaful Operator relating to you from time to time;
- (h) direct marketing and general marketing;
- (i) managing and servicing the Takaful Operator's relationship with you and to provide you with improved customer service; and
- (j) if required by law or in good faith, if such action is necessary (i) to comply with any law enforcement, court orders or legal process, and/or (ii) to protect and defend the rights or property of the Takaful Operator and the Company's group of companies and their users (for information, log on to www.greateastertakaful.com).

By submitting this application, you consent and authorize the Takaful Operator to obtain and verify any information about you from you or from any third parties which the Takaful Operator may require in connection with your application for any of the Takaful Operator's takaful products or services. Such consent and authorization herein shall extend to any information obtained from any of the takaful certificate(s) presently provided to you, any new application to the Takaful Operator for takaful, such historical financial or credit records, data or information whether or not provided personally.

The information that you have provided to the Takaful Operator is necessary. If you do not provide the Takaful Operator with such information, the Takaful Operator may not be able to provide you with takaful coverage or to respond to any claim.

The Takaful Operator may disclose and/or provide your personal information to the following parties for the purposes stated above :

- (a) the Takaful Operator's authorised representatives;
- (b) the participant;
- (c) third party service providers (who provide administrative, telecommunications, computer, payment, data processing or storage, or other services to the Takaful Operator in connection with the operation of our business) to fulfill the Takaful Operator's obligations to you;
- (d) insurance companies/takaful operators, third-party claims adjusters, fraud detection and prevention services, reinsurance companies/retakaful operators and takaful industry regulatory authorities;
- (e) any credit reference agencies or, in the event of default, any debt collection agencies;
- (f) any insurance/takaful rating organizations that collect information about credit history, accident fault, injury description and amounts paid and share it with other takaful operators and others entitled to see it;
- (g) any person, who is under a duty of confidentiality and has undertaken to keep such data confidential, which the Takaful Operator has engaged to fulfill its obligations to you;
- (h) any actual or proposed assignee, transferee, participant or sub-participant of the Takaful Operator's rights or business;
- (i) any person to whom the Takaful Operator is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Takaful Operator including, without limitation, any applicable regulators, governmental bodies, or industry recognised bodies such as the Malaysia Takaful Association, and where otherwise required by law; and
- (j) other companies in the Company's group of companies (for information, please log on to www.greateastertakaful.com) including those located outside Malaysia.

VI. PERSONAL DATA PROTECTION ACT (PDPA)

You may access certain personal information held by the Takaful Operator based on the applicable data protection laws of Malaysia. You may access your personal information at any time by calling Customer Service Careline at 1 300 13 8338 or visiting the i-Getintouch Portal at <https://www.igetintouch.com.my>. 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 our Privacy Officer at +603 4259 8381 or write to the Takaful Operator.

The Takaful Operator may charge a reasonable fee for access. If you can show that the personal information held by the Takaful Operator is not accurate, complete and up to date, the Takaful Operator will take reasonable steps to ensure it is accurate, complete and up to date upon receiving your verification/feedback.

For more information on how the Takaful Operator deals with your personal information, please log on to www.greateastertakaful.com and read the Takaful Operator's Client Charter and Privacy Certificate or contact the Takaful Operator's Sales Agent/the FAR/authorized representative for a copy.

The Takaful Operator may review and update this Data Protection Notice from time to time to reflect changes in the law, changes in the Takaful Operator's business practices, procedures and structure, and changes in the community's privacy expectations. It is not generally feasible to notify you of changes to this Data Protection Notice and as such, you can log on to www.greateastertakaful.com or contact the Takaful Operator's Privacy Officer to obtain the latest version of the Data Protection Notice at any time.

By signing this form you consent to such use of your personal information including sensitive personal data.

If there is any discrepancy between English and Bahasa Malaysia version of this Benefit Illustration, the English Version shall prevail.

Date:

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Day Month Year

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Signature of Person Covered
(As in Great Eastern Takaful's records)

Name _____
BC/NRIC No. _____

--

Signature of Participant
(As in Great Eastern Takaful's records)

Name _____
BC/NRIC No. _____

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Signature of Witness
(Nominees cannot be the Witness)

Name _____
NRIC No. _____
Address _____

Agent A/C No. _____