# Hajj, Umrah and Ziyarat

TRAVEL Takaful


## Product Details

**Product Plan**

☐ Basic $10,000 ☐ Plus $20,000 ☐ Extra $30,000

☐ COVID 19

**Coverage**

☐ Individual

**Tenure**

☐ 7 Days ☐ 14 Days ☐ 21 Days

☐ 31 Days ☐ 45 Days

## Beneficiary Details:

**Beneficiary Name (1):** _____

**Relationship:** _____

**Address** _____

_____

**CNIC Number (Beneficiary):** _____

**CNIC Issue Date** _____

**Beneficiary Name (2):** _____

**Relationship:** _____

**Address** _____

**CNIC Number (Beneficiary):** _____

**CNIC Issue Date** _____

## Participant's Details:

**Name:** _____

**Date of Birth (Day/ Month/ Year):** | | | | | | | | |

**Passport Number:** _____

**CNIC Number (Self):** _____

**CNIC Issue Date** _____

**Postal Address:** _____

_____

**Province:** _____ **City:** _____

**Mobile No** _____

**Email Address:** _____

## 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 sumbitted 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**