(To be executed by Person Covered on a Stamp Paper of Rs 100/-)

DECLARATION AND UNDERTAKING

I _____ S/O _____Muslim, adult, resident of _____ _____, holding CNIC # _____, do hereby declare and undertake as under:

1. That one Mr./Ms. _____ S/o _____ obtained a Family Takaful Certificate # _____from Askari Life Assurance Co. Ltd- Window Takaful Operations (herein after referred to as the Askari Life-Window Takaful Operations) on_____in my name by declaring me as his/her _____in the Certificate.

2. That the above-named Mr./Ms._____ declared him as owner of the above Family Takaful Certificate and paid renewal Contributions for last _____years.

3. That Askari Life-Window Takaful Operations after knowing that, the above-named Certificate owner has died on and relevant proof has been provided via Death Certificate; therefore, we approached management of Askari Life-Window Takaful Operations to change the ownership of the Certificate in my name.

4. That Askari Life Assurance Company limited- Window Takaful Operations has considered the request and has agreed to change ownership of the Certificate in my favour.

5. That I understand and agree that I will become the owner of the Family Takaful Certificate consequently will be obliged; inter aliato pay renewal Contributions, submit requirements, if ever called by Askari Life-Window Takaful Operations.

6. That I agree to take all future responsibilities including but not limited to submit risk underwriting requirements i.e. medical or non-medical [if] whenever called by Askari Life Window Takaful Operations, to pay the renewal Contributions for remaining term under the above-mentioned Certificate, etc.

7. That I further affirm that the contents of this documents have been read over and explained in my native tongue to me which I have understood and I verily believe to be true and correct to the best of my knowledge and belief.

Person Covered Signature _____
CNIC No._____
Date: _____

We the witnesses, sign our name to this document being executed by Mr./Ms._____ s/o _____and that to the best of our knowledge he/she is of sound mind and under no constraint or undue influence.

Witness 1: _____
Name: _____
Address: _____
_____
_____

Witness 2: _____
Name: _____
Address: _____
_____
_____

CNIC # ________________________________

CNIC # ___________________________________