



Askari Life Assurance Company limited- Window Takaful Operations

TOP UP INDUCTION FORM

Certificate No: _____

Plan Name: _____

I, _____ bearing CNIC No. _____,

being the certificate holder of Askari Life Assurance Company limited- Window Takaful Operations request to place the amount of Rs. _____ as Top up contribution paid via Cheque/Pay order No _____.

Moreover, I fully understand and agree that top up contribution in my certificate will be invested as per the terms and conditions of the certificate. I further confirm that the Top up contribution amount paid is not derived from money laundering or illegal activities and the sources(s) of funds declared in proposal form at time of purchase of certificate is true, up-to-date and correct of the best of my knowledge and belief.

Signed at _____ this _____ day of _____ year _____

Signature of Certificate Holder _____

Witness _____