

ACCOUNT OPENING APPLICATION

DATE : / / CLIENT APPLICATION NO. CLIENT A/C. NO.

Co. EST. NAME :

C. R. NO. : C. R. RENEWED UPTO:

OWNER'S NAME :

PARTNERS DETAILS (If ANY) :

NATURE OF BUSINESS :

ADDRESS:..... P. O. BOX:

TEL. NO. : FAX NO. :

MODE OF PAYMENT

CREDIT AMT. LIMIT FOR THE POLICY (MAX) : YEARLY PREM. TURN OVER (APPROX) :

25% OF THE PREMIUM AMT. AS ADVANCE PAYMENT WHEN THE POLICY ISSUED.

POST DATED CHQS (3 CHQS FOR 3 MONTHS ON THE DATE OF POLICY ISSUE)

AUTHORIZED PERSON: i) SIGNATURE:

ii) SIGNATURE:

TERMS & CONDITIONS

- 1 - Premium will be presumed / settled only if a Company's receipt has been issued.
- 2 - In case of non-payment within due credit period **Alkhaleej Takaful Group** has the right to cancel the policy and charge premium on prorata till the date of cancellation of the policy.

In case of claims :

- A - Claim will be settled in Cash only if there is no debits balance the concerned A/C. in vice-versa A/C. will be credited.
- B – **Alkhaleej Takaful Group** reserve the right to deny a claim if premium against the same policy not received.
- C - If we not pay in cash the claim recovery (Excess/Spare Parts Depreciation) we authorize **Alkhaleej Takaful Group** to debit our account with them .

I, hereby confirm and agreed with the above mentioned terms and conditions and would like to open an Account with **Alkhaleej Takaful Group**

* **Dear valued customer payment Of premium on time is the better way to get all rights in the policy.**

DOCUMENTS REQUIRED:

- 1 - Request to open an A/c. on Company Letter-head.
- 2 - Copy of C. R .
- 3 - Copy of I. D Card.
- 4- Copy of Authorized I.D Card
- 5- Copy of Tax Card .

OWNER'S SIGNATURE (Same of C. R)

FOR OFFICIAL USE :

INTRODUCED BY : COLLECTION BY :

CREDIT REQUIRED QR. : CREDIT APPROVED QR. :

CHECKED BY :

Accounts Manager
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