



FBCS Application Form

Name of the Company :

Head Office address :

P. O. Box :

Tel :

Fax :

E-Mail :

Web-Site :

Activity

Direct Broker :

Reinsurance Broker :

Consultant :

Classes of Insurance and/or Reinsurance Business

Life Non-Life Composite Takaful

Establishment Date :

Capital

Subscribed :

Paid Up Capital :

Owned By : % National Entities or Individuals

: % Others from Afro-Asian Countries

: % Others from Non Afro-Asian Countries

License

Date of Issue :

Date of Expiry :

Management

Chairman :

CEO :

Professional Indemnity Insurance:

Sum Insured :

Period :

[Member shall issue immediate notice to FAIR Central Office for any change relevant to the membership criteria in particular the ownership or the license. This notice shall be conveyed to FBCS CC.]

Signature

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