

Date:/...../ 2.....

M/s Wethaq Takaful Insurance Company
Greetings,



Kindly quote us yor best, considering below..

Name: Activity:
Address / Area: Telephone:
Fax: Person in Charge: Mobil Number:

Type of requested insurance (Put an X on required)..

Fire Insurance	<input type="checkbox"/>	Engineering Insurance (CAR / EAR)	<input type="checkbox"/>	General Third Party Liability Insurance	<input type="checkbox"/>
Money Insurance	<input type="checkbox"/>	Motor Comprehensive Insurance	<input type="checkbox"/>	Fidelity Guarantee Insurance	<input type="checkbox"/>
Professional Indemnity Insurance	<input type="checkbox"/>	CPM Insurance	<input type="checkbox"/>	House Holder Comprehensive Insurance	<input type="checkbox"/>
Marine Cargo Insurance	<input type="checkbox"/>	Group Life / Workmen Compensation Insurance	<input type="checkbox"/>	Medical Insurance	<input type="checkbox"/>
Hull Insurance	<input type="checkbox"/>	Personal Accident Insurance	<input type="checkbox"/>	Driving License Insurance	<input type="checkbox"/>
Travel Insurance	<input type="checkbox"/>	Others	<input type="checkbox"/>		<input type="checkbox"/>

Location of the hazard to be insured

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Kindly send it to fax 22491280

Applicant



1866662
www.wethaq.com