170, Gbagada Expressway, Gbagada, Lagos.
Customer care Line: 234(0)8098721000
Email: help@noortakaful.ng
Website: www.noortakaful.ng

DETAILS OF THE PARTICIPANT (ASSURED)

PARTICIPANT ……

CERTIFICATE/POLICY NUMBER ……

CURRENT CONTACT ADDRESS ……

CLAIM DETAILS

NAME OF MEMBER ……

GENDER …….. DATE OF BIRTH……

MARITAL STATUS: SINGLE ☐ MARRIED ☐ DIVORCED ☐ **NIN**……

ADDRESS OF THE MEMBER ……

MEMBER PHONE NUMBER ……

EMPLOYER NAME ……

EMPLOYER ADDRESS & PHONE NUMBER ……

EMPLOYMENT START DATE …… EMPLOYMENT END DATE ……

JOB TITTLE/POSITION …… MONTHLY SALARY ……

TYPE OF EMPLOYEMENT: PERMANENT ☐ CONTRACT ☐ TEMPORARY ☐ SELF EMPLOYED ☐

EFFECTIVE DATE OF JOB LOSS …… WAS TERMINATION VOLUNTARY: YES ☐ NO ☐

CAUSE OF CLAIM: REDUNDANCY ☐ DOWNSIZING ☐ RESTRUCTURING ☐ TERMINATION ☐
OTHERS (Specify) ☐_____

NOMINATED BENEFICIARY DETAILS

TITLE: MR ☐ MRS ☐ MISS ☐ OTHERS ☐ Please Specify……

BENEFICIARY NAME ……

OCCUPATION ……

PHONE NUMBER …… EMAIL ADDRESS ……

ADDRESS ……

SIGNATURE ……

NB: All fields are to be duly completed.

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DETAILS OF WITNESS

TITLE: MR ☐ MRS ☐ MISS ☐ OTHERS, Please Specify……

NAME ……

ADDRESS ……

PHONE NUMBER …….. EMAIL ADDRESS ……

SIGNATURE ……

NIGERIAN FINANCIAL INTELLIGENT UNIT DETAILS (BENEFICIARY)

CUSTOMER BANK ……

ACCOUNT NAME ……

ACCOUNT NUMBER ……

ACCOUNT TYPE ……

BANK BRANCH ……

BVN ……

SOURCE OF INCOME ……

CLAIM DOCUMENTS CHECK LIST

1. Duly Completed Claim Form
2. Employment termination letter
3. Employment letter
4. Stamped KYC
5. Bank statement
6. Recent pay slips (last 3-6months)
7. Signed declaration of unemployment (current status)
8. Member NIN and passport photograph
9. Member recent utility bill (less than 3 months)
10. Any other necessary information

NB: All fields are to be duly completed.