

360 Medical Proposal Form

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For Corporates / Companies

Section (A) - General Information

Legal Name (As per the CR): _____
 Trading Name (if it is different than above): _____
 Commercial Registration No.: _____ Expiry date ___/___/___
 License No. (If Applicable): _____ Expiry date ___/___/___
 SAGIA Certificate No. (If Applicable): _____ Expiry date ___/___/___
 Business Activity (As per the CR): _____
 Source of fund (commercial operation, loans, Salary, other please specify) _____
 Is your Company a related party to Tawuniya? If yes, apply the needed documents to the compliance team at Tawuniya.
 Number of Employees (As per GOSI): _____ Annual Income _____
 Branches (If Any): _____

Section (B) - Contacts Details

Tel.: _____ Mobile: _____ Fax: _____
 Email : _____ Website : _____

National Address (WASEL)

Zone: _____ City: _____ District: _____ Street: _____
 Building No. : _____ Unit No.: _____ Zip Code: : _____ Additional No.: : _____

Section (C) - Bank Account Details

Note: This Bank account will be used for premiums and claims payment

Account Name		Account No.	
Bank Name		City	
IBAN			

Section (D) Shareholders Information

Note: Please list down all of the shareholders who own 5% or more.

Name	Nationality	Ownership %

Section (E) - Board Members

Name	Nationality	Position

Section (F) - Contact Person

	First Contact Person	Second Contact Person (If Available)
Full Name		
National ID. or Iqama		
Nationality		
Mobile		
Tel.		
Email		

Section (G) - Supporting Documents

Please attach the following documents:

- A copy of the Commercial Registration "CR"
- A copy of SAGIA Certificate (If Applicable)
- A copy of the Business License
- A copy of the ID / IQAMA of the person who signed this KYC Form
- A copy of the ID / IQAMA for the person that will be dealing with Tawuniya for Insurance Policies
- A copy of the Authorization Letter
- A copy of the Company IBAN Certificate / Card
- A copy of the Article of Association (For Charites only)
- A copy of the Board Approval on dealing with Tawuniya on the relevant Insurance Policy

Section (H) - Related Party Definition

1. Substantial Shareholders of the company.
2. Board members of the Company or any of its affiliates and their relatives.
3. Senior Executives of the Company or any of its affiliates and their relatives.
4. Board members and Senior Executives of Substantial Shareholders of the company.
5. Entities, other than companies, owned by a Board member or any Senior Executive or their relatives.
6. Companies in which a Board member or a Senior Executive or any of their relatives is a partner.
7. Companies in which a Board member or a Senior Executive or any of their relatives is a member of its Board of directors or is one of its Senior Executives.

8. Joint stock companies in which a member of the Board or a Senior Executive or any of their relatives owns (5%) or more, subject to the provisions of paragraph (D) of this definition.
9. Companies in which a Board member or a Senior Executive or any of their relatives has influence on their decisions even if only by giving advice or guidance.
10. Any person whose advice or guidance influence the decisions of the Company, the Board and the Senior Executives.
11. Holding companies or affiliates.
Advice or guidance that is provided on a professional basis by a person licensed such advice shall be excluded from the provisions of paragraphs (9) and (10) of this definition.

Section (I) - Declaration and Acknowledgement

1. To my knowledge and belief, the information given in this statement, whether in my handwriting or not, it is true and complete, and that I did not characterize or mute any intrinsic truth. Accordingly, in the event of undisclosed facts or any material information provided, at any stage of the processes is changed, the offer shall be deemed null and void. (A material fact is one which is likely to influence Tawuniya's acceptance or assessment of this proposal. If you doubt whether facts are material, they should be disclosed).
2. I hereby declare and agree to Tawuniya to obtain the data relating to our employees and any other information linked to Ministry of Interior number (Sponsor No.) at the National Information Center and General Organization of Social Insurance as well as any information associated with any physician, hospital or medical center and relating to any person who is required to be insured (beneficiary).
3. I certify that I have reviewed the rules and regulations of the Council of Cooperative Health Insurance and its approved Insurance Policy and hereby undertake that the application covers all employees under the sponsorship and their dependents.
4. We hereby declare that We are not involved in any criminal or money laundering activity and that the premiums paid are out of my legitimate source of income are not derived from any illegal activities.
5. We declare that the documents submitted for identification are original and all particulars given are true and correct. We further declare that We do not have any other names or identification particulars, apart from the ones submitted above. The information supplied by me/us as regards to identification particulars are true and correct and any wrong information given can render insurance contract void at the option of the insurer. It is also understood that the insurer reserves the right to cancel the policy and forfeit the premiums paid in case identification particulars are not found correct.

Note: If your name is not mentioned in the CR, please provide an authorization letter.

Name: _____ Nationality: _____
ID/IQAMA No.: _____ Position: _____

Signature: _____ Official Confirmation Letter Received from The Chamber of Commerce: _____