

STATUTORY DECLARATION FOR LOSS OF CERTIFICATE DOCUMENT

Certificate Number : _____

Name of Certificate Holder : _____

New IC No. of Certificate Holder : _____

Name of Participant : _____

I, _____, the Certificate Holder under the above mentioned Certificate, do solemnly and sincerely declare that the above mentioned Certificate issued by AmMetLife Takaful Berhad, numbered _____ and dated _____ has been, to the best of my knowledge and belief, accidentally lost or destroyed and if it had not been so accidentally lost or destroyed should now have been in my possession.

****If "lost or destroyed" are inapplicable delete these words in both places and substitute the correct words. The official taking the Declaration must initial the alteration.***

And I further declare that I have never been a Bankrupt or Insolvent, nor have I ever assigned or attempted or agreed to assign or mortgaged, charged or attempted or agreed to mortgage, charge or incur the said Certificate or the Sum Covered thereby.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provision of the Statutory Declaration Act 1960.

Signature of Certificate Holder

Declared before me at _____ AM/PM _____ (day) _____ (month) of _____ (year).

Interpreted by _____

Commissioner of Oaths, Justice of the Peace, Notary Public or other officer empowered by law to administer oaths affirmations or affidavits.

I wish to have a copy of the Certificate document and agree to pay the administration charges of RM30.00 for reissuance of the Certificate.

Yes

No

PERSONAL DATA DECLARATION

I/We further understand and agree that AmMetLife Takaful shall have the right to use my/our data and personal information for the purpose of the Takaful operational process which might include transfer of data and personal information, within or outside Malaysia, to MetLife Group, AmMetLife Takaful's other related companies, subsidiaries and/or its holding companies, outsourcing partners, retakafuls, solicitors, affiliate companies including their outsourcing partners and to any regulatory bodies, or any relevant foreign tax authority, including any reporting obligations by AmMetLife Takaful, its shareholders or its related/affiliated entities under the United States Foreign Account Tax Compliance Act (FATCA). I/We can withdraw this permission at any time by notifying AmMetLife Takaful in writing.

I/We understand that I/we have a right to obtain access to and to request correction of any data and personal information held by AmMetLife Takaful concerning me/us. Such request can be made via a written request to AmMetLife Takaful.

I/We have read and understood the AmMetLife Takaful's Privacy Notice, which is available at AmMetLife Takaful website and branches.

Signature of Certificate Holder	
Name	
New IC No.	
Date	