

AUGUST 25

Tutorial for EASE Case Submission

An Authorised Agent For

eTiQa

Family Takaful

DMJ
PARTNERS
Developing A Millionaire Journey

DMJ
PRO-ACADEMY



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New Quotation

An Authorised Agent For

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EaSE

Feedback  EN | BM



Good Morning SITI FAIRUZ BINTI ZUKI,
what would you like to do today?



New Business



Payment
Dashboard



Document
Retrieval



Activity
Management



Recruitment



E-Letter



Digital
Marketing Tool

New

+ Create New Quote

+ New Application

Generated Quotation

Incomplete Application

Submitted /

0 quotation(s) found



Search by Customer Name / Pro...



 Follow Up Required

 Low Potential



No quotation found

Click 'Create New Quote'



Create New Quote

Customer's Details

Let's get started by filling in the details below.

Select any that apply

I'm creating a new quotation for a

New Customer

Existing Customer

He/she is participating for

Himself/herself



Participant/Person Covered Details

Full Name

* Full Name cannot be empty!

Gender

Female

Male

* Please choose one gender



Participant/Person Covered Details

1. Fill in the details

Full Name

Nor Liyana Binti Huzir

Gender

Female

Male

Date of Birth

14

02

1990

ANB: 36

Occupation

Clerk



Smoking

Yes

No



2. Click 'Next'



Next >



Create New Quote

Choose Product

Next, let's determine a suitable product to recommend your customer by filling in the details below.

How would you like to proceed?

Customise a plan

Product Recommender
(Coming Soon)

Select any that apply

Which plan would you like to proceed with?

Traditional

Investment Link

Please select a basic plan below:

EFTB
MEDIC eEDGE Takaful



EFTB
Madani



EFTB
Mawaddah II



EFTB
Prisma


Selected

<×

Selected ☒

Please select a campaign

Default Campaign ▼


Developing A Millionaire Journey

Payment Frequency

Certificate Term

Sum Covered Amount

Monthly ▼

34 ▼

RM 60,000.00

Minimum Sum Covered: RM 10,000.00

Please select a payment method

☒ Other ⓘ

☐ BPA

☐ Salary Deduction

1. Fill in the details



Minimum Sum Covered: RM 10,000.00

Please select a payment method



Other



BPA



Salary Deduction



Supplementary Riders

Please add a rider below

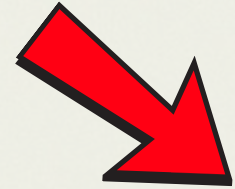
+ Add rider



Click 'Add Rider'

Calculate Contribution >

1. Tick the rider(s)



Choose Rider

You can choose more than ONE rider

- ☐ Accidental Death And Dismemberment Benefit Rider
- ☐ Accidental Indemnity Rider
- ☐ Hospital Cash Benefit Rider
- ☐ Critical Illness Rider
- ☐ Takaful Medical Plus
- ☐ Waiver of Contribution for Critical Illness Rider



2. Click 'Dismiss'



Dismiss



Please select a payment method



Other



BPA



Salary Deduction



Supplementary Riders



Rider Type

Sum Covered/Units/
Deductible

Plan

Term

Hospital Cash Benefit Rider

5



29



Takaful Medical Plus

Plan 2

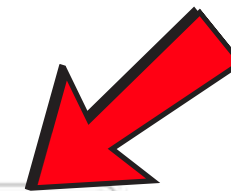


34



+ Add another rider

It will look like this





Summary & Confirmation

Kindly review the details below.

Product LOB Traditional
Occupation Clerk
Occupation Class 1
Payment Mode Monthly
Entry Age 36
VPMS Version v4.33_c0.70



(A) Basic Plan	Initial Sum Covered	Contribution Term	Term of Coverage	Monthly Contribution
Prisma	RM60,000.00	34	34	RM59.75
(B) Riders	Initial Sum Covered / Units	Contribution Term	Term of Coverage	Monthly Contribution
Hospital Cash Benefit Rider	5 units	29	29	RM5.21
Takaful Medical Plus	Plan 2	34	34	RM122.11
Total Monthly Contribution (A + B)				RM187.07

✓ Contribution last reviewed on 04 Aug 2025 09:45:17



Occupation Clerk
Occupation Class 1
Payment Mode Monthly
Entry Age 36
VPMS Version v4.33_c0.70



(A) Basic Plan	Initial Sum Covered	Contribution Term	Term of Coverage	Monthly Contribution
Prisma	RM60,000.00	34	34	RM59.75
(B) Riders	Initial Sum Covered / Units	Contribution Term	Term of Coverage	Monthly Contribution
Hospital Cash Benefit Rider	5 units	29	29	RM5.21
Takaful Medical Plus	Plan 2	34	34	RM122.11

Total Monthly Contribution (A + B) **RM187.07**

✓ Contribution last reviewed on 04 Aug 2025 09:45:17

Click 'Generate Quotation'

Generate Quotation >

Proceed to Application

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New Quotation Generated

Quotation has been generated and saved in your records at 09:53, 04 Aug 2025



Person Covered Details

N

Nor Liyana Binti Huzir

Participating For	Self
Gender	Female
Date of Birth	14/Feb/1990
Occupation	Clerk
Occupation Class	1
Smoking	No

Product Details

Edit >

Product LOB Traditional
Occupation Clerk
Occupation Class 1
Payment Mode Monthly
Entry Age 36
VPMS Version v4.33_c0.70



(A) Basic Plan	Initial Sum Covered	Contribution Term	Term of Coverage	Monthly Contribution
Prisma	RM60,000.00	32	32	RM54.50
(B) Riders	Initial Sum Covered / Units	Contribution Term	Term of Coverage	Monthly Contribution
Hospital Cash Benefit Rider	5 units	29	29	RM5.21
Takaful Medical Plus	Plan 2	32	32	RM122.11
Total Monthly Contribution (A + B)				RM181.82

Click 'Proceed to Application'



Application

Customers

Potential Area of Discussion

Financial Needs Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

My client is participating this certificate for*

Himself/herself

Participant/Person Co...

Payor

Family Member (Optional)

Participant's Details

Go through the questions with your client and fill them accordingly.

Salutation*

Please select an option

Full Name*

Nor Liyana Binti Huzir

Identity Type*

New IC (myKad / myKid)

New IC (myKad / myKid)*

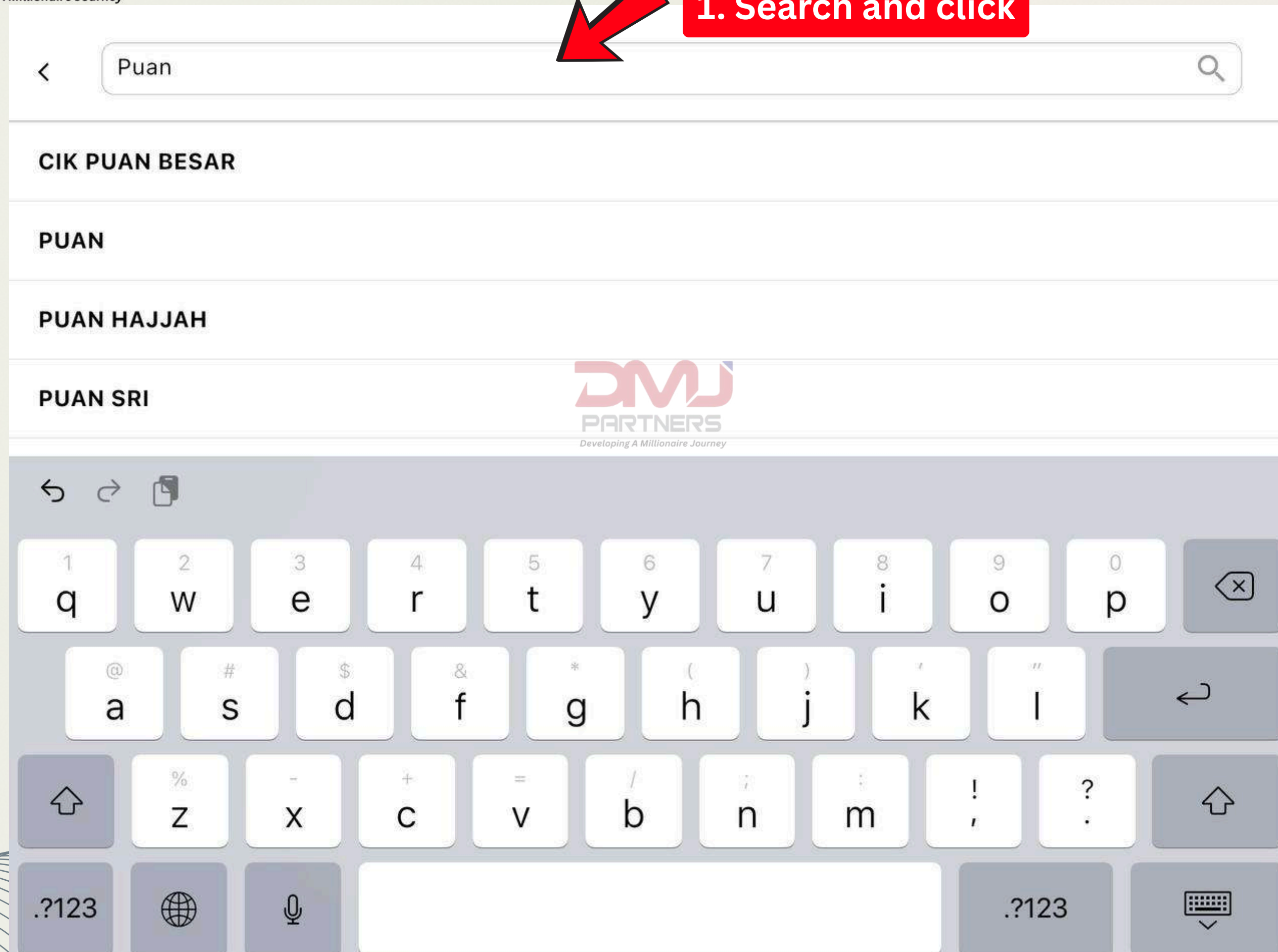
Country of Birth*

Malaysia

1. Fill in the details

2. Click to choose the salutation

1. Search and click



Application

Participant/Person Covered ✓

Payor ✓

Family Member (Optional)

✕ Saving changes

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/Decision

Payor's Details

Who is Paying*

Please select an option

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Select who is paying.

- Person covered, Self, Parent, Spouse, Sibling, etc..

Application

Customers

Potential Area of Discussion

Financial Needs Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Needs & Priority

Investment Preference

Intermediary Status

×

Saving changes

Define Your Client's Current Priority

Tell us what you'd like to prioritise.

*Client/Customer refers to Takaful Participant.

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Priority

Drag to arrange sequence

1

↑↓

Medical Plan

2

↑↓

Protecting your family against Death, Emergency and Yourself against Disability and Critical Illness

3

↑↓

Retirement Plan

4

↑↓

Provision for your children's education

5

↑↓

Regular Savings for the Future

6

↑↓

Lump Sum Investment

Already Planned

No

No

No

No

No

No

Tick any that are relevant

Application

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Needs & Priority ✓

Investment Preference ✓

Intermediary Status ✓

✕ Saving changes

Customer's Investment Preference

1

Secure

2

Stable

3

Neutral

4

Growth

5

High Growth

3

Check out how this works ^

Description

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Low Risk, Low Potential Return

1. You are seeking better return than time deposits. You want to preserve capital as much as possible but are prepared to accept minimal losses.

2. You are seeking returns significantly better than time deposits. You are prepared to accept more than minimal losses for potential returns.

3. You are seeking moderate capital growth. You are willing to accept moderate risks and losses for potential returns.

4. You are seeking higher capital growth and are willing to accept higher risks and losses, for potential to get higher returns.

High Risk, High Potential Return

5. You are seeking aggressive capital growth and are willing to accept significantly higher risks and losses, for potential maximum returns.

Select the customer's investment preferences

Application

Needs & Priority

Investment Preference

Intermediary Status

×

Saving changes

✓

Customers

✓

Potential Area of Discussion

✓

Financial Needs Analysis

✓

Recommended Products

✓

Enhanced Due Diligence (EDD) Form

✓

Executor & Beneficiary

✓

Beneficial Owner

✓

Questions (Person Covered)

✓

Assessment/ Decision

Disclosure of Intermediary's Status

I am a takaful intermediary who represent ETIQA FAMILY TAKAFUL BERHAD (EFTB) and can advise you on:

✓

Term Takaful, Endowment Takaful and Whole Life Takaful

Investment-Linked Takaful

General Takaful

Retirement Insurance

Others

I received remuneration from (EFTB) for providing advice upon selling of the takaful products

Tick any that are relevant

22

Application

✓ Customers

✓ Potential Area of Discussion

✓ **Financial Needs Analysis**

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Existing Coverage Disclos...

Existing Coverage

Does your client have any of the coverage below? Tap and fill in the details if they do.

Savings and Investment Plans

No ☐

Retirement Plans

No ☐

Children's Education Plans

No ☐

Protection Plans (Personal/Spouse/Children)

No ☐

Medical Plans

No ☐

Let's talk about your future plans

Does your client have any of the future plan below? Tap and fill in the details if they do.

Savings and Investment Plan

No ☐

✕

Saving changes

Tick any that are relevant

Application

✓ Customers

✓ Potential Area of Discussion

✓ **Financial Needs Analysis**

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Existing Coverage Disclos...

✓

Saving changes

✕

Let's talk about your future plans

Does your client have any of the future plan below? Tap and fill in the details if they do.

Savings and Investment Plan

No

☐

Retirement Plans

No

☐

Children's Education Plan

No

☐

Protection Plan (Personal/Spouse/Children)

No

☐

Medical Plan

No

☐

Oops! It looks like you did not disclose any of your information.

Option 3

Is there a reason why? State it below.*

Make sure this will become option 1



Application

✓ Customers

✓ Potential Area of Discussion

✓ **Financial Needs Analysis**

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Existing Coverage Disclos... ✓

Let's talk about your future plans

Does your client have any of the future plan below? Tap and fill in the details if they do.

Savings and Investment Plan

Yes ☒

In how many years from now would you want the plan to mature in order to receive your saving/ investment?*

20

How much money do you target to allocate every month for your saving and investment plan?*

RM 100.00

Discussion remarks*

NA

Retirement Plans

No ☐

Children's Education Plan

No ☐

✕

Saving changes

**Answer and fill in questions.
Also, tick any that are relevant**

Application

✓ Customers

✓ Potential Area of Discussion

✓ **Financial Needs Analysis**

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Existing Coverage Disclos...
✓

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Retirement Plans

Yes ☒

In how many years from now would you want the plan to mature in order to receive your retirement fund?*

20

How much money do you target to allocate every month for your retirement plan?*

RM 100.00

Discussion remarks*

NA

Children's Education Plan

No ☐

Protection Plan (Personal/Spouse/Children)

No ☐

Medical Plan

No ☐

✕

Saving changes

**Answer and fill in questions.
Also, tick any that are relevant**

Application

✓ Customers

✓ Potential Area of Discussion

✓ **Financial Needs Analysis**

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Existing Coverage Disclos... ✓

NA

Children's Education Plan

Yes ☒

In how many years from now would you want the plan to mature in order to receive your education fund?*

20

How much money do you target to allocate every month for your child's education plan?*

RM 100.00

Discussion remarks*

NA

Protection Plan (Personal/Spouse/Children) No ☐

Medical Plan No ☐

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×

Saving changes

**Answer and fill in questions.
Also, tick any that are relevant**

Application

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Existing Coverage Disclos...
✓

NA

Protection Plan (Personal/Spouse/Children)

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Yes ☒

For how many years would you want the protection for?*

<= 30 years

> 30 years

How much money do you target to allocate every month for your protection plan?*

RM 100.00

Do you need any medical, critical illness or accidental coverage to be...*

Yes

Discussion remarks*

NA

Medical Plan

No ☐

✕

Saving changes

**Answer and fill in questions.
Also, tick any that are relevant**

Application

✓ Customers

✓ Potential Area of Discussion

✓ **Financial Needs Analysis**

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Existing Coverage Disclos...

✓

Yes

Discussion remarks*

NA

Medical Plan

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Yes ☒

How much of the hospital daily room & board charge do you think is sufficient for you?*

RM150

Discussion remarks*

NA

Based on the information above, you have disclosed all of the information

Option 1

✕

Saving changes

**Answer and fill in questions.
Also, tick any that are relevant**

Application

Customers

Potential Area of Discussion

Financial Needs Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Recommended Products

Purpose of Transaction

Please choose where applicable

Education

Investment

Protection

Retirement

Saving

Others

Profile Details

Participating For

Self

Person Covered Details

Name

Nor Liyana Binti Huzir

Gender

Female

Date of Birth

14 Feb 1990

Occupation

Clerk

Smoking

No

Needs Conclusion

×

Saving changes

Choose the purpose of transaction that are applicable

Application

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Recommended Products

✓

Participating For

Self

Person Covered Details

Name

Nor Liyana Binti Huzir

Gender

Female

Date of Birth

14 Feb 1990

Occupation

Clerk

Smoking

No

Needs Conclusion

Top Priority

Medical

Second Priority

Family Protection

Investment Risk Preference

3

Existing Plan/Coverage

N/A

Recalculate product

Edit product

✕

Saving changes

Click 'Edit Product' and regenerate it again



Application

Customers

Potential Area of Discussion

Financial Needs Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Recommended Products

Plan Type

Product LOB

Stepped Contribution

Payment Mode

Entry Age

VPMS Version

Quotation

Term

Traditional

No

Monthly

36

v4.33_c0.70

Version 1

(A) Basic plan	Initial Sum Covered	Contribution Term (Years)	Term of Coverage (Years)	Monthly Contribution
Prisma	RM 60,000.00	32	32	RM 54.50

(B) Riders	Initial Sum Covered/ Units	Contribution Term	Term of Coverage (Years)	Monthly Contribution
Hospital Cash Benefit Rider	5 unit	29	29	RM 5.21
Takaful Medical Plus	Pelan 2	32	32	RM 122.11
Total Monthly Contribution (A + B)				RM 181.82

✕

Saving changes

Application

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ **Enhanced Due Diligence (EDD) Form**

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

EDD

✓


Enhanced Due Diligence (EDD) Form

Go through the questions with your client and fill them accordingly.

Source of Fund*

Please select one or more than one of the following below to fill up

Monthly Income



No ☐

Savings

No ☐

Gift

No ☐

Fixed Deposit (FD)

No ☐

Others

No ☐

✕

Saving changes

Select any one below

Application

Customers

Potential Area of Discussion

Financial Needs Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

EDD

✓

Enhanced Due Diligence (EDD) Form

Go through the questions with your client and fill them accordingly.

Source of Fund*

Please select one or more than one of the following below to fill up

Monthly Income

Occupation*

Clerk

Monthly Income*

RM 3,800.00

Savings

Gift

Fixed Deposit (FD)

Yes

No

No

No

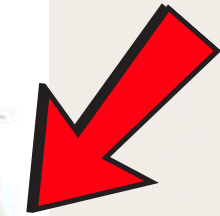
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✕

Saving changes

Tick 'Yes' and fill in the details



Application

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ **Enhanced Due Diligence (EDD) Form**

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

EDD

✓

Saving changes

No ☐

Fixed Deposit (FD)

Others

No ☐

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Source of Wealth*
Please select one or more than one of the following below to fill up

Savings

Yes ☒

Total Maybank Amount (RM)*
RM 1,000.00

Total Other Bank(s) Amount (RM)*
RM 700.00

Investment

No ☐

Inheritance

No ☐

Tick 'Yes' and fill in the details



Application

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Executor & Beneficiary

✕ Saving changes

Important Note For Executor & Beneficiary

Please read the following carefully.

1. Takaful - Pursuant to Section 142 of the Islamic Financial Services Act 2013 (Schedule 10), sets out that a Participant who has attained the age of sixteen (16) years may assign the Takaful benefits to a nominee or designate the nominee to receive the Takaful benefits as a beneficiary under Conditional Hibah; or designate the nominee to receive the Takaful benefits as an executor.

2. Nomination of Executor - For a Muslim Participant, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated and is responsible to distribute the benefits in accordance to F

Participant, his/her portion sh

See more ▾

Please select one(1) option only

☐ Executor

☐ Beneficiary (ies) under Conditional Hibah

Other Rules and Tips ▾

Select one option

36

Application

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ **Executor & Beneficiary**

✓ Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Executor & Beneficiary

✕ Saving changes

Important Note For Executor & Beneficiary

Please read the following carefully.

1. Takaful - Pursuant to Section 142 of the Islamic Financial Services Act 2013 (Schedule 10), sets out that a Participant who has attained the age of sixteen (16) years may assign the Takaful benefits to a nominee or designate the nominee to receive the Takaful benefits as a beneficiary under Conditional Hibah; or designate the nominee to receive the Takaful benefits as an executor.

2. Nomination of Executor - For a Muslim Participant, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated and is responsible to distribute the benefits in accordance to F... any one of the Executors predecease the Participant, his/her portion sh... among the surviving Executors

See more ▾

Please select one(1) option only

☐ Executor

☒ **Beneficiary (ies) under Conditional Hibah**

+ Add Beneficiary

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Other Rules and Tips ▾

Click '+ Add Beneficiary'

37



Add Beneficiary

Go through the questions with your client and fill them accordingly.

1. Fill in the details until email

Full Name*

Nur Hannah Mikayla Binti Haidir

Identity Type*

New IC (myKad / myKid)

New IC (myKad / myKid)*



Country of Birth*

Malaysia

Nationality*

2. Click 'Save'

Save



Application

Customers

Potential Area of Discussion

Financial Needs Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

✓

Executor & Beneficiary

2. Nomination of Executor - For a Muslim Participant, the Executor(s) is the recipient of the Takaful benefits according to the percentage (%) indicated and is responsible to distribute the benefits in accordance to F

See more ▾

Participant, his/her portion shall be distributed among the surviving Executors

Please select one(1) option only

☐

Executor

☒

Beneficiary (ies) under Conditional Hibah

+ Add Beneficiary

Name

Nur Hannah Mikayla Binti Haidir

New IC (myKad / myKid)

Date of Birth

17 Apr 2017

Gender

Female

Percentage/ Share %

-

50

%

+

Mobile No. 1

Other Rules and Tips ▾

Click '+ Add Beneficiary'

39



Add Beneficiary

Go through the questions with your client and fill them accordingly.

1. Fill in the details until email

Full Name*

Nur Hayla Medina Binti Haidir

Identity Type*

New IC (myKad / myKid)



New IC (myKad / myKid)*



Country of Birth*

Malaysia

Nationality*

2. Click 'Save'

Save



Application

Beneficial Owner ✓

✕

Saving changes

✓ Customers

✓ Potential Area of Discussion

✓ Financial Needs Analysis

✓ Recommended Products

✓ Enhanced Due Diligence (EDD) Form

✓ Executor & Beneficiary

✓

Beneficial Owner

✓ Questions (Person Covered)

✓ Assessment/ Decision

Beneficial Owner

What is a Beneficial Owner?

1. On whose behalf this transaction is being conducted, or

2. Ultimately controls the policy / beneficiary, or

3. Ultimately will benefit or receive the money arising from the payout to the beneficiary

Is there a Beneficial Owner in this proposal?

☐ Yes

☒ No

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Answer the questions. (Yes/No)

Application

Discussion

Financial Needs Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Payment

Questionnaire for Person Covered (Nor Liyana Binti Huzir)

Saving changes

Health Questions

Person Covered Details

Go through these questions with your client to get to know them even better.

Age next birthday

36/Female

Product

Prisma

Rider(s)

Hospital Cash Benefit Rider, Takaful Medical Plus

Occupation

Clerk

Height & Weight

Height

-

162

cm

+

Weight

-

65

kg

+

Has your weight changed by more than 5kg in the past six months? If yes, please advise amount of weight loss / gain and reason for weight change.

YES

NO

Fill the height and weight

Application

Discussion

Financial Needs Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Questionnaire for Person Covered (Nor Liyana Binti Huzir)

Saving changes

Health Questions

+

1. Do you intend to surrender or terminate any of your existing life insurance policies or Family Takaful contracts with this new application, even you may not receive any returns under these policies or contracts, and the returns may be lesser than the premiums or contributions paid?

YES

☐

NO

☒

2. Has the agent or any party in any way influenced you to surrender or terminate any of your existing policies or contracts?

YES

☐

NO

☒

✓ Declaration

✓ Payment

✓

I hereby confirm that all of the information disclosed in this Application, Sales Illustration & Product Disclosure Sheet are all in order and accurate.

1. Answer all the health questions. (Yes/No)

2. Tick the confirmation checkbox

Application

Discussion

Financial Needs Analysis

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Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Payment

Questionnaire for Person Covered (Nor Liyana Binti Huzir)

Saving changes

Health Questions

+

1. Do you intend to surrender or terminate any of your existing life insurance policies or Family Takaful contracts with this new application, even you may not receive any returns under these policies or contracts, with the exception of the premiums or

YES

NO

Please ensure all information provided is accurate before proceeding

Do note that you won't be able to make any edits after proceeding.

Cancel

Proceed

Click 'Proceed'

I hereby confirm that all of the information disclosed in this Application, Sales Illustration & Product Disclosure Sheet are all in order and accurate.

Application

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Executor & Beneficiary

Beneficial Owner

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Payment

Product Summary & Decision

Decision



DMJ

PARTNERS

Developing A Millionaire Journey

Last assessment date & time : 2025-08-04 12:31:19

The customer is entitled to purchase this product. Please proceed.

Your current proposal details

Entry Age

36

Basic and Supplementary Benefit	Sum Covered/Benefit (RM)	Premium/Contribution (RM)
		Standard
Prisma	60,000.00	54.50
Hospital Cash Benefit Rider	5 unit	5.21
Takaful Medical Plus	Pelan 2	122.11
Total Payable		RM 181.82

Summary of Application Submission

Please cross-check the application details before proceed to declaration

Participant Details

Remote Signature & Upload ID

An Authorised Agent For

eTiQa
Family Takaful

DMJ
PARTNERS
Developing A Millionaire Journey

DMJ
PRO-ACADEMY

Application

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Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Payment

Participant/Person Covered

Witness

Agent

Declaration for Participant/Person Covered

Please read carefully before signing this application.

DMJ PARTNERS

Developing A Millionaire Journey

1. I/We am/are aware that I/we must answer all question and declaration in this application, and that these answers and declaration are accurate and complete. I/We agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in the Policy, a claim not being paid, or or the terms and conditions of the Policy being voided.

See more

☐ I have read, understood and agree to the terms stated in the disclosure above.

☐ I would like to receive marketing and promotional materials from Etiqa Takaful.

Please attach your NRIC and sign below

Participant - Nor Liyana Binti Huzir

Prefer to capture his/her signature remotely

No

Application

Discussion

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Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Payment

Participant/Person C...

✓

Witness

✓

Agent

✓

✕

Saving changes

✓

I have read, understood and agree to the terms stated in the disclosure above.

○

I would like to receive marketing and promotional materials from Etiqa Takaful.

Please attach your NRIC and sign below

Participant - Nor Liyana Binti Huzir

Developing A Millionaire Journey

Prefer to capture his/her signature remotely

No

Sign here

New IC (myKad / myKid) Front

New IC (myKad / myKid) Back

View/Snap

View/Snap

Select 'Yes' if you do remotely

Attach NRIC photos and sign in the box

48

Application

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Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Participant/Person Covered

Witness

Agent

×

Saving changes

Please read carefully before signing this application.

1. I/We am/are aware that I/we must answer all question and declaration in this application, and that these answers and declaration are accurate and complete. I/We agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in the Policy, a claim not being paid, or or the terms and conditions of the Policy being voided.

[See more](#)

DMJ PARTNERS
Developing A Millionaire Journey

☒ I have read, understood and agree to the terms stated in the disclosure above.

☐ I would like to receive marketing and promotional materials from Etiqa Takaful.

Please attach your NRIC and sign below

Participant - Nor Liyana Binti Huzir & Person Covered - Nor Liyana Binti Huzir

Prefer to capture his/her signature remotely
You will need to setup the remote signature at the 'Remote' Tab

Yes ☒

Tick the declarations

Click 'Yes' if they prefer to capture their signature remotely

Application

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Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Participant/Person Co...
✓

Witness
✓

Agent
✓

✕
Saving changes

Declaration for Witness

* Witness must be at least 18 years old, sound mind and cannot be a named nominee.

Who is the witness of the application?*

Agent

DMJ
PARTNERS
Developing A Millionaire Journey

Select the witness of the application

Application

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Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Participant/Person Co...
✓

Witness
✓


Agent
✓

✕
Saving changes

('E-Signature'), acceptance and agreement as if actually signed by me in writing.

I also agree that no certification authority or other third party verification is necessary to validate my E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of my E-Signature or any resulting contract between me and Etiqa Family Takaful Berhad.

Agent Details



Developing A Millionaire Journey

Full Name

SITI FAIRUZ BINTI ZUKI

Account Code

XXXXXXXXXXXX

Email Address

XXXXXXXXXXXX@XXXXXX


Mobile Phone

XXXXXXXXXXXX

Signing at*

Shah Alam

Please sign below



Application

Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Payment

Remote Signature

Select the following people to capture their signature for declaration or make payment remotely if necessary

Important Notice: Kindly take note that if the submission proposal is still incomplete by 11.59pm today or 8 hours after sending link to recipient, which one comes first, all the information will be erased. To prevent this from happening, do ensure that you obtain all signatures and payment as soon as possible.

Customer's Signature

Proposal No: EFT3000903113



Participant/Person Covered

Nor Liyana Binti Huzir - 9

Signature for Declaration

Status: -

Via Email *

yanahuzir.90@gmail.com

Send

Click 'Send'

Application

Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Payment

Remote Signature

Select the following people to capture their signature for declaration or make payment remotely if necessary

Important Notice: Kindly take note that if the submission proposal is still incomplete by 11.59pm today or 8 hours after sending link to recipient, which one comes first, all the information will be erased. To prevent this from happening, do ensure that you obtain all signatures and payment as soon as possible.

Customer's Signature

Proposal No: EFT3000903113



Participant/Person Covered

Nor Liyana Binti Huzir -

Signature for Declaration

Status: Pending E-Signature

Sent on 04 Aug 2025, 12:32 PM

Via Email *

yanahuzir.90@gmail.com

Resend

Verify Signature & ID

An Authorised Agent For

eTiQa
Family Takaful

DMJ
PARTNERS
Developing A Millionaire Journey

DMJ
PRO-ACADEMY



Feedback

EN | BM



Good Afternoon SITI FAIRUZ BINTI ZUKI,
what would you like to do today?

S



New Business



Payment
Dashboard



Document
Retrieval



Activity
Management



Recruitment



E-Letter



Digital
Marketing Tool

New

+ Create New Quote

+ New Application

Generated Quotation

Incomplete Application

Submitted App

1 application(s) found

Search by Customer Name / Pro...



Select

Participant	Person Covered	Requested date	Selected Product	Contribution Amount	Action
N	Nor Liyana Binti Huzir	04 Aug 2025	Prisma	RM 181.82 Monthly	Continue >

1. Click 'Incomplete Application'

2. Click 'Continue'

Application

Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Payment


Remote Signature

Select the following people to capture their signature for declaration or make payment remotely if necessary


Important Notice: Kindly take note that if the submission proposal is still incomplete by 11.59pm today or 8 hours after sending link to recipient, which one comes first, all the information will be erased. To prevent this from happening, do ensure that you obtain all signatures and payment as soon as possible.

Customer's Signature

Proposal No: EFT3000903113



Participant/Person Covered

Nor Liyana Binti Huzir - 

Signature for Declaration

Status: Pending Verification

Signed on 04 Aug 2025, 12:49 PM

Via Email *

yanahuzir.90@gmail.com

Verify

1. Fill in the email

2. Click 'Verify'

56



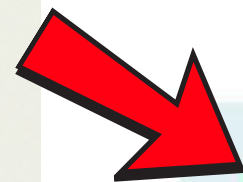
Verify Remote Identity & Signature



Signature



**1. Sign and tick the
confirmation checkbox**



I hereby confirm that I have check all documents uploaded.



Confirm

Reject

2. Click 'Confirm'

<

Verify Remote Identity & Signature


JOHOR

ISLAM

PEREMPUAN

SA: 0200115907

Signature



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Developing A Millionaire Journey

Confirm

Would you like to confirm this remote signature and ID?

Cancel

Yes

☒ I hereby confirm that I have check all documents uploaded.

Confirm

Reject

Click 'Yes'



Application

- Analysis
- Recommended Products
- Enhanced Due Diligence (EDD) Form
- Executor & Beneficiary
- Beneficial Owner
- Questions (Person Covered)
- Assessment/ Decision
- Declaration
- Remote**
- Payment

Remote Signature

Select the following people to capture their signature for declaration or make payment remotely if necessary

Important Notice: Kindly take note that if the submission proposal is still incomplete by 11.59pm today or 8 hours after sending link to recipient, which one comes first, all the information will be erased. To prevent this from happening, do ensure that you obtain all signatures and payment as soon as possible.

Customer's Signature

Proposal No: EFT3000903113



Participant/Person Covered

Nor Liyana Binti Huzir - [Redacted]

Signature for Declaration

Status: **Confirmed**

Verified on 04 Aug 2025,
01:05 PM

Via Email *

yanahuzir.90@gmail.com



Payment Process



An Authorised Agent For



Application

Analysis

Recommended Products

Enhanced Due Diligence (EDD) Form

Executor & Beneficiary

Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Payment

Payment

Rider

Takaful Medical Plus	Pelan 2	32	32	RM 122.11
----------------------	---------	----	----	-----------

Total Monthly Contribution (A + B) RM 181.82

Initial Payment

Choose an initial payment method*

☐ Debit/Credit Card Auto Pay (MPay)
 ☐ FPX / E-Wallet

1. Please select whether to use Debit/Credit Card Auto Pay or FPX/E-Wallet

2. Fill in the card details (compulsary to use Maybank)

Application

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Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Payment

Payment

Debit/Credit Card Auto Pay (MPay)

FPX / E-Wallet

Subsequent Payment Method

Choose a subsequent payment method*

Debit/Credit Card Auto Pay (MPay)

I hereby authorize Etika Family Takaful Berhad to charge my initial and subsequent premiums payable from my Visa /MasterCard / Amex Card account. In the even that my Visa / MasterCard / Amex Card account cannot be successfully debited and processed on a particular deduction date, I authorize Etika Family Takaful Berhad to re-attempt to charge the premium due from my Visa / MasterCard / Amex Card account on the subsequent deduction date(s). I also agree to abide to the Terms & Conditions as specified overleaf and understand that no receipts will be issued for premiums paid through my Visa / MasterCard / Amex Card account.

Pay Now

Saving changes

1. Please select whether to use Debit/Credit Card Auto Pay or FPX/E-Wallet

2. Fill in tthe card details (compulsary to use Maybank)

Application

Analysis

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Enhanced Due Diligence (EDD) Form

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Beneficial Owner

Questions (Person Covered)

Assessment/ Decision

Declaration

Remote

Payment

Payment

Debit/Credit Card Auto Pay (MPay)

FPX / E-Wallet

Subsequent Payment Method

Choose a subsequent payment method*

Debit/Credit Card Auto Pay (MPay)

1. Make sure to tick this Terms & Conditions

I hereby authorize Etika Family Takaful Berhad to charge my initial and subsequent premiums payable from my Visa /MasterCard / Amex Card account. In the even that my Visa / MasterCard / Amex Card account cannot be successfully debited and processed on a particular deduction date, I authorize Etika Family Takaful Berhad to re-attempt to charge the premium due from my Visa / MasterCard / Amex Card account on the subsequent deduction date(s). I also agree to abide to the Terms & Conditions as specified overleaf and understand that no receipts will be issued for premiums paid through my Visa / MasterCard / Amex Card account.

2. Click 'Pay Now'

Pay Now

63

Payment Gateway (Debit/Credit Card Auto Pay)



Total payable amount RM 181.82

Payment Methods*



Pay via customer mobile



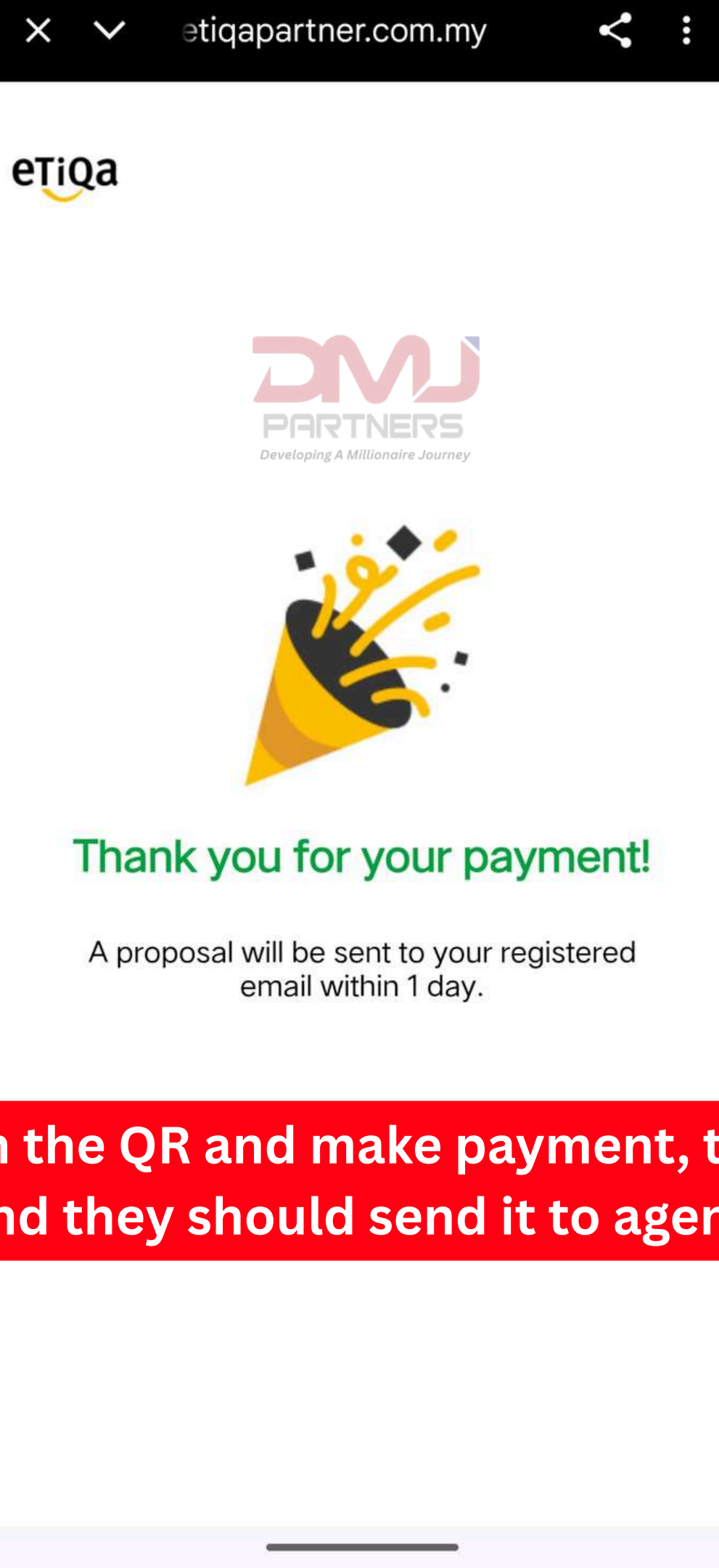
Send payment link via email

Scan the QR code below



* This QR code will expire in an hour and is for one-time use only.

**Agent please snap this QR and send it to client.
Client need to scan this using their camera.**



**After client scan the QR and make payment, they will get this
and they should send it to agent.**

Below are the payment status notification details:

PAYMENT STATUS NOTIFICATION

Payment Status : **Successful**
Invoice No : **EFT30005503461047810**
Amount : **RM 40.00**
Product Description : **Mawaddah II**
Cardholder's Name : **NUR DIYANA BINTI MUSA**
Cardholder's Email : **jeeytaf88@gmail.com**
Card Type : **MasterCard**
Credit Card Last 4 Digits : **[REDACTED]**
Authorization Code : **[REDACTED]**
Card issuing country : **MALAYSIA**
Card issuing bank name : **Maybank**
Billing Address
Address : **,**
Postal code : **:**
City : **:**
State/Province : **:**
Country : **MALAYSIA**

This is a receipt from email

Proposal Status



An Authorised Agent For

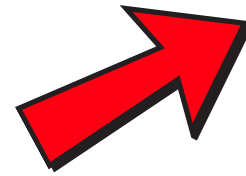




Proposal Details

Hide ^

Participant	Nor Liyana Binti Huzir	Proposal No.	EFT3000903113
Selected Product	Prisma	Proposal Status	Accepted
Payment Status	Paid	Application Status	Submitted
Payment Date	04 Aug 2025	Submitted Date	04 Aug 2025



Application

SI/MI (Quotation)

Customer



Participant Details



Personal Details

Financial Need Analysis



Disclosure



Recommended Products



Enhanced Due Diligence



Nomination



Questions



Decision



Salutation

PUAN

Name

Nor Liyana Binti Huzir

Campaign

Default

New IC (myKad / myKid)



Date of Birth

14 Feb 1990

Gender

Female

Nationality

Malaysian

Country of Birth

Malaysia

Race

Malay

Religion

Islam

Marital Status

Married

Preferred Language

Bahasa Malaysia



Proposal Details

Hide ^

Participant	Nor Liyana Binti Huzir	Proposal No.	EFT3000903113
Selected Product	Prisma	Proposal Status	Accepted
Payment Status	Paid	Application Status	Submitted
Payment Date	04 Aug 2025	Submitted Date	04 Aug 2025

Application

SI/MI (Quotation)



Customer >

Financial Need Analysis >

Disclosure >

Recommended Products >

Enhanced Due Diligence >

Nomination >

Questions >

Decision >

(A) Basic Plan	Initial Sum Covered	Contribution Term	Term of Coverage	Monthly Contribution
Prisma	RM 60,000.00	32	32	RM 54.50
(B) Riders	Initial Sum Covered	Contribution Term	Term of Coverage	Monthly Contribution
Hospital Cash Benefit 5 unit Rider		29	29	RM 5.21
Takaful Medical Plus Pelan 2		32	32	RM 122.11
Total Monthly Contribution (A + B)				RM 181.82

* If you want to view the Illustration of Contribution Benefits, please refer at SI/MI section or click [here](#)

How to check proposal in EPP & Esubmission EPP

An Authorised Agent For

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Developing A Millionaire Journey

DMJ
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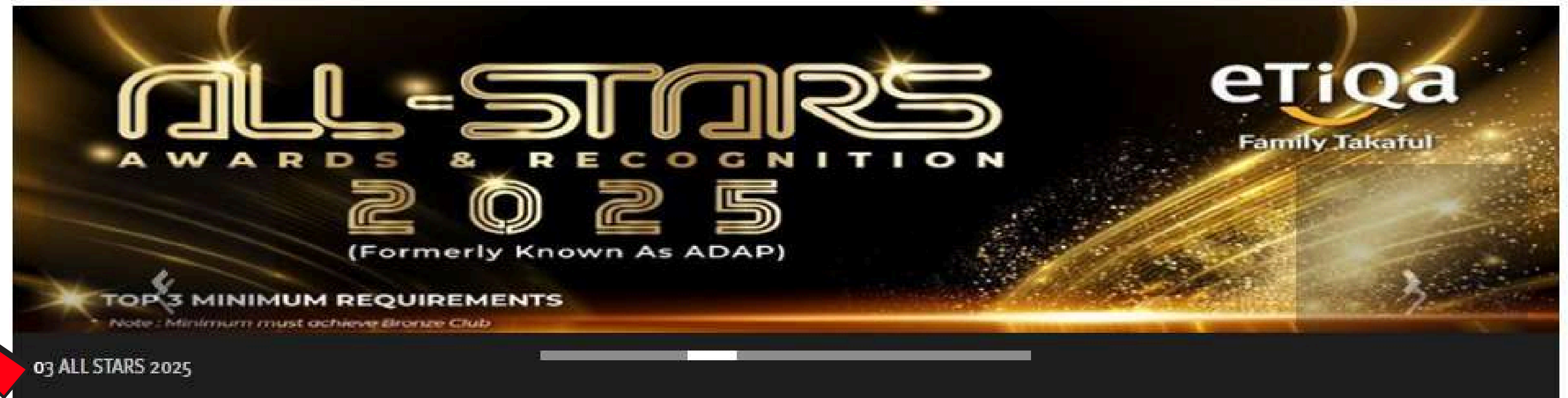
Information as of: 05/08/2025

Agency Portal

Family Takaful Agency

- Home
- New Business
- Certificate Servicing
- Document Upload
- Reports
- Agent Persistency
- App Download
- Sustainability
- Agent Statement
- Operation Process

Click 'New Business'



Certificate/Proposal Enquiry

SEARCH TYPE
Proposal Status

STATUS TYPE
All

DATE
Date

Search

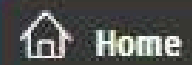
Live KIV



Information as of: 05/08/2025

Agency Portal

Family Takaful Agency



Home



New Business

Proposal Enquiry

Leader Approval

eSubmission



Certificate Servicing



Document Upload



Reports



Agent Persistency



App Download



Sustainability

Click 'eSubmission'



05 AIT EXPERIENCE 2025

Jelajahi dunia bersama Etiga

RANK	Pre-Reg Jan (RM)	Pre-Reg Feb (RM)	Total With Pre-Reg (RM)	Total Without Pre-Reg (RM)	REWARDS
Bookie	5,000	5,000	75,000 APYC	95,000 APYC	1 Ticket
			100,000 APYC	120,000 APYC	1 Ticket & RM1,000
Personal Producer (Exclude Bookie)	10,000	10,000	100,000 APYC	120,000 APYC	1 Ticket
			150,000 APYC	170,000 APYC	1 Ticket & RM1,000
Agency Director	NA	NA	250,000 APYC & 5 New Recruit		1 Ticket
			500,000 APYC & 10 New Recruit		1 Ticket & RM1,000
Group Agency Director	NA	NA	500,000 APYC & 10 New Recruit		1 Ticket
			1,000,000 APYC & 15 New Recruit		1 Ticket & RM1,000

Pre-Bookie & EP must have been 100% and above from Jan to Jun of each month.

Certificate/Proposal Enquiry

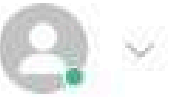
TYPE
All Status

STATUS TYPE
All

DATE
Date

Search

Live KIV



Information as of: 05/08/2025

[Home](#) / [eSubmission](#)

eSubmission

My Submission

Team Submission

Proposal Number



Date

Search

Click 'Team Submission'

Submission Date	Application No	Proposal Number	Person Covered	Certificate Owner	Product Name	Source	Status
-----------------	----------------	-----------------	----------------	-------------------	--------------	--------	--------

No data available in table

Showing 0 to 0 of 0 entries

Previous

Next

Agency Portal

Family Takaful Agency



Home



New Business



Certificate Servicing



Document Upload



Reports



Agent Persistency



App Download



Sustainability



Agent Statement



Operation Process



Information as of: 05/08/2025

Home / Home / eSubmission

eSubmission

My Submission

Team Submission

Proposal Number

1. Insert proposal number

2. Select date of the submission

Date

Search

Submission Date

Application No

Proposal Number

Person Covered

Cert

No data available in table

Showing 0 to 0 of 0 entries



Aug 2025							Sep 2025						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2	31	1	2	3	4	5	6
3	4	5	6	7	8	9	7	8	9	10	11	12	13
10	11	12	13	14	15	16	14	15	16	17	18	19	20
17	18	19	20	21	22	23	21	22	23	24	25	26	27
24	25	26	27	28	29	30	28	29	30	1	2	3	4
31	1	2	3	4	5	6	5	6	7	8	9	10	11

07/08/2025 - 07/08/2025 Clear Apply

3. Click 'Apply'



Information as of: 05/08/2025

ASHIKIN BINTI ZAMRI (1ET00293)



Agency Portal

Family Takaful Agency



Home



New Business



Certificate Servicing



Document Upload



Reports



Agent Persistency



App Download



Sustainability



Agent Statement



Operation Process

eSubmission



My Submission

Team Submission

Proposal Number

Date

05/08/2025 - 06/08/2025

Search

Status

Submission Date	Application No	Proposal Number	Person Covered	Certificate Owner	Product Name	Source	Status	
06/08/2025	1ET49497/06082025/303	EFT3000905552			Prisma	EASE	Submitted	View
06/08/2025	1ET54052/06082025/301	EFT3000905445			Prisma	EASE	Payment In Progress	View
06/08/2025	1ET54052/06082025/301	EFT3000905445			Prisma	EASE	Payment In Progress	View
06/08/2025	1ET49497/06082025/302	EFT3000885930			Prisma	EASE	Submitted	View
06/08/2025	1ET49497/06082025/304	EFT3000885930			Prisma	EASE	Submitted	View

How to check proposal enquiry

An Authorised Agent For

eTiQa
Family Takaful

DMJ
PARTNERS
Developing A Millionaire Journey

DMJ
PRO-ACADEMY



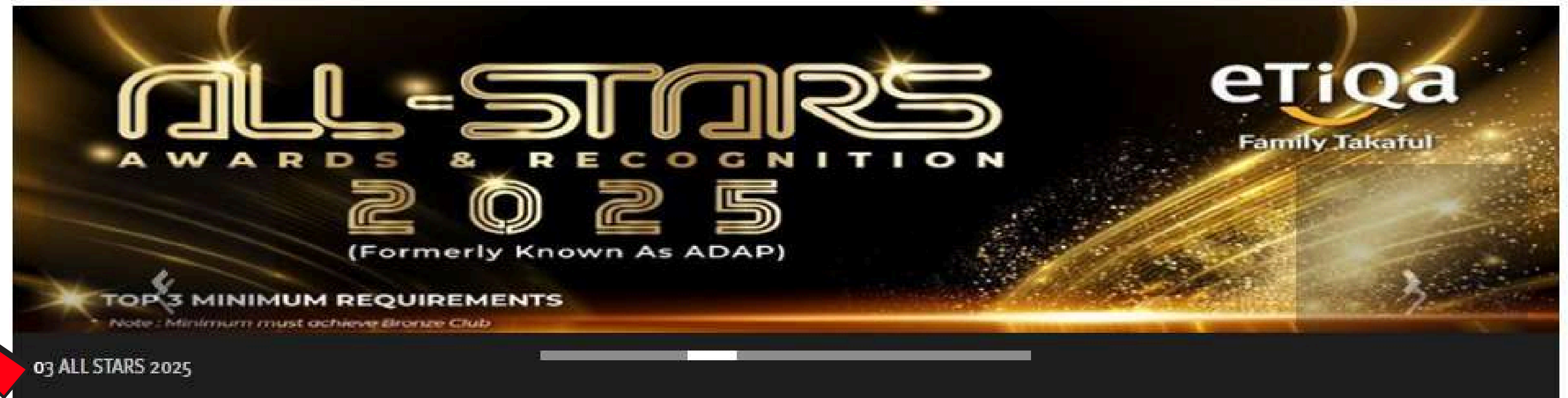
Information as of: 05/08/2025

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- Agent Statement
- Operation Process

Click 'New Business'



Certificate/Proposal Enquiry

SEARCH TYPE
Proposal Status

STATUS TYPE
All

DATE
Date

Search

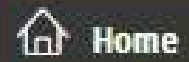
Live KIV



Information as of: 05/08/2025

Agency Portal

Family Takaful Agency



Home



New Business

Proposal Enquiry

Leader Approval

eSubmission



Certificate Servicing



Document Upload



Reports



Agent Persistency



App Download



Sustainability

Click 'Proposal Enquiry'



Jelajahi dunia bersama Etiga

RANK	Pre-Reg Jan (RM)	Pre-Reg Feb (RM)	Total With Pre-Reg (RM)	Total Without Pre-Reg (RM)	REWARDS
Bookie	5,000	5,000	75,000 APYC 100,000 APYC	95,000 APYC 120,000 APYC	1 Ticket 1 Ticket & RM1,000
Personal Producer (Exclude Bookie)	10,000	10,000	100,000 APYC 150,000 APYC	120,000 APYC 170,000 APYC	1 Ticket 1 Ticket & RM1,000
Agency Director	NA		250,000 APYC & 5 New Recruit 500,000 APYC & 10 New Recruit		1 Ticket 1 Ticket & RM1,000
Group Agency Director	NA		500,000 APYC & 10 New Recruit 1,000,000 APYC & 15 New Recruit		1 Ticket 1 Ticket & RM1,000

Pre-Bookie & EP must have their 1st recruit come from Jan to Jun of each month.

SEARCH TYPE

Proposal Status

STATUS TYPE

All

DATE

Date

Search

Live KIV



Information as of: 05/08/2025

Agency Portal

Family Takaful Agency



Home



New Business

Proposal Enquiry

Leader Approval

eSubmission



Certificate Servicing



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Reports



Agent Persistence



App Download

[Home](#) / [Proposal Enquiry](#)

Proposal Enquiry

SEARCH TYPE
Proposal Status

SEARCH BY
All

STATUS TYPE
All

DATE
Date

Search

Show 10 entries

Click and choose 'Proposal Number'

No data available in table

Showing 0 to 0 of 0 entries



Agency Portal

Family Takaful Agency



Home



New Business



Certificate Servicing



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Reports



Agent Persistency



App Download



Sustainability



Agent Statement



Operation Process



Home / Proposal Enquiry



Proposal Enquiry

SEARCH TYPE

Proposal Number

PROPOSAL NUMBER

e.g. Pxxxxx / Vxxxxx

Search

Show 10 entries

1. Insert proposal number

2. Click 'Search'

No data available in table

Showing 0 to 0 of 0 entries



Agency Portal

Family Takaful Agency



Home



New Business



Certificate Servicing



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Reports



Agent Persistency



App Download



Sustainability



Agent Statement



Operation Process

Proposal Enquiry

SEARCH TYPE

Proposal Number

PROPOSAL NUMBER

EFT3000882625

Search

Export



Show 10 entries

HQ Received Date	Agent Code/Name	Proposal No	Status	Client Name	Client Type	Product	Payment Frequency
04/08/2025	1ET49497 / AHMAD NOR HAZIM BIN MUSA	EFT3000882625	Inforce	NAYTHAN ANAK NICKOLAI	Person Covered	ElitePlus Takafulink	Monthly
04/08/2025	1ET49497 / AHMAD NOR HAZIM BIN MUSA	EFT3000882625	Inforce	AVIE ANAK BORI	Certificate Owner Name	ElitePlus Takafulink	Monthly

Showing 1 to 2 of 2 entries

It will look like this and you need to scroll to the right to see more.



Information as of: 05/08/2025

ASHIKIN BINTI ZAMRI (1ET00293)



Agency Portal

Family Takaful Agency

PROPOSAL NUMBER
EFT3000882625

Search

Export

Search:



Home



New Business



Certificate Servicing



Document Upload



Reports



Agent Persistency



App Download



Sustainability



Agent Statement



Operation Process

Proposal No	Status	Client Name	Client Type	Product	Payment Frequency	Payment Method	AFYC	Detail
WOR HAZIM BIN	Inforce	NAYTHAN ANAK NICKOLAI	Person Covered	ElitePlus Takafulink	Monthly	-	3,000	View
WOR HAZIM BIN	Inforce	AVIE ANAK BORI	Certificate Owner Name	ElitePlus Takafulink	Monthly	-	3,000	View

Click 'View'

Previous

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Next



Agency Portal

Family Takaful Agency

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Home / Certificate Details

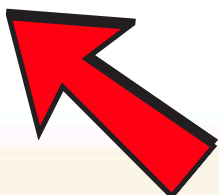
Certificate Details

Agent Name	Proposal No		
AHMAD NOR HAZIM BIN MUSA	EFT3000882625		
Certificate Number	Contribution Amount	Commencement Date	Last Contribution Due Date
LR00000591135	250.00	04/08/2025	04/08/2025
Basic Plan Name	Total Loading Contribution Amount	Maturity	Next Contribution Due Date
ElitePlus Takafullink	RM 0.00	03/08/2091	04/09/2025
Person Covered Name	Total Contribution Amount	Payment Frequency	ROP Indicator
NAYTHAN ANAK NICKOLAI	RM 250.00	Monthly	-
Certificate Owner Name	Certificate Status	Payment Method	Guaranteed Cash Payout Option
AVIE ANAK BORI	Inforce	Auto Debit	-

Client Information



Check the certificate status and commencement date



Thank you