

3. Details of Income of Plan Holder for last 3 years			
	Year 1 (Last Year)	Year 2 (2nd Last Year)	Year 3 (3rd Last Year)
Annual Income (AED/USD)			

4. Details of Assets and Liabilities			
Assets	Current Market Value (AED/USD)	Liabilities	Current Market Value (AED/USD)
Cash		Loan/Debts	
Shares and Bonds		Accounts Payable	
Real Estate		Mortgages on Property	
Others		Other Loans	
Total		Total	

5. Declaration by Plan Holder

(i) I understand that the Additional Single Contribution will be invested in accordance with the Terms and Conditions of my Plan and will be effective upon the execution of this Form and approval hereof by the Operator.

(ii) I declare that the statements made are true and complete to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this Application. I agree that this financial statement will form part of my Application and will be relied upon by Islamic Arab Insurance Company - SALAMA under this Application. Incorrect information or failure to disclose any material fact may invalidate this Application.

Signature of Plan Holder _____

Name of Plan Holder _____

Date _____

6. Declaration & Authorization of Bank Official

I declare that the statements made in this form are true and complete to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this Application.

Signature of Relationship Manager _____

Name and Code of Relationship Manager _____

Bank Stamp _____

Date _____

7. For SALAMA use only
