



Insurans Islam TAIB
Family Takaful Sdn Bhd

Unit 6, Block A,
Bangunan Setia Kenangan II, Kiulap
Bandar Seri Begawan BE1518

P. O.Box 2526
BSB General Post Office
Bandar Seri Begawan BS8675
Negara Brunei Darussalam

☎ 222-3006

BORANG BAYARAN LEBIHAN SURPLUS PAYMENT FORM

Bahagian 1: Keterangan Peserta/Penerima

Part 1: Participant's/Recipient's Details

1 Nama Peserta Name of Participant				
2 No. Kad Pengenalan Identification Card No.		<input type="checkbox"/> Kuning Yellow	<input type="checkbox"/> Ungu Purple	<input type="checkbox"/> Hijau Green
3 No. Telefon Telephone No.	Rumah Home	Pejabat Office	Bimbit Mobile	
4 Emel Email				
Jika penerima lebihan adalah selain daripada Peserta, sila isikan keterangan dibawah If surplus recipient is other than the Participant, kindly fill in the following details				
5 Nama Penerima Name of Recipient				
6 No. Kad Pengenalan Identification Card No.		<input type="checkbox"/> Kuning Yellow	<input type="checkbox"/> Ungu Purple	<input type="checkbox"/> Hijau Green
7 No. Telefon Telephone No.	Rumah Home	Pejabat Office	Bimbit Mobile	
8 Emel Email				

Bahagian 2: Keterangan Pembayaran

Part 2: Payment Details

Pilih dan isi keterangan salah satu dari pilihan dibawah Choose and fill your information in either one of the options below			
Bagi pemegang akaun TAIB dan BIBD, bayaran akan dikreditkan ke dalam akaun yang dinyatakan For TAIB and BIBD account holder, payment will be credited to the stated account			
Nama Bank Name of Bank	<input type="checkbox"/> TAIB <input type="checkbox"/> BIBD	No. Akaun Bank: Bank Account No.:
Bagi pemegang akaun selain TAIB dan BIBD, bayaran akan dibuat secara: For account holder other than TAIB and BIBD, payment will be made in terms of:			
Jenis Bayaran Payment Mode	<input type="checkbox"/> Tunai Cash	<input type="checkbox"/> Cek Cheque	
<input type="checkbox"/>	Saya bersetuju untuk mendermakan wang ini kepada institusi kebajikan yang diluluskan oleh Jawatankuasa Penasihat Syariah Insurans Islam TAIB Family Takaful Sendirian Berhad I agree to donate this money to charitable institutions approved by Insurans Islam TAIB Family Takaful Sendirian Berhad Syariah Advisory Committee		

Tandatangan
Signature

Tarikh:
Date:

Bahagian 3: Senarai Semak Dokumen Yang Diperlukan

Part 3: Required Documents Checklist

<input type="checkbox"/> Salinan Kad Pengenalan Peserta Copy of Participant's Identification Card	<input type="checkbox"/> Salinan Kad Pengenalan Penerima (jika berkenaan) Copy of Recipient's Identification Card (if applicable)	<input type="checkbox"/> Salinan keterangan buku akaun Copy of bank book details
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