



**REPLACEMENT OF CERTIFICATE (ROC) APPEAL FORM**

Certificate Details:

New Certificate No.: X864824A03  
Existing Certificate No.: S394684A07  
Replacement Type: \_\_\_\_\_

Person Covered Name: [Redacted]  
NRIC No.: [Redacted]  
Our Ref.: [Redacted]

Please answer all questions and provide reasons / supporting documents, if any.  
(Please tick (✓) in the box where appropriate)

- What was the Certificate Holder's objective when participating in the Existing Certificate?
  - Protecting the family against death, emergency and himself/herself against disability and critical illness
  - Provisions for children's education
  - Security in retirement
  - Regular savings for the future
  - Lump sum investment

2. What was the reason(s) for lapsing, surrendering, cancelling or expiring the Existing Certificate?  
I have certificate with other company with the same objective which is medical coverage.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Can the existing certificate be reinstated?  Yes  No  
 Please give justification for not reinstating the Existing Certificate:  
I have certificate with other company for medical coverage. Due to my financial constraint, I have to terminate the existing certificate.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. What was the Certificate Holder's objective in participating in the New Certificate?  
The new certificate is focusing on Critical Illness coverage.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Please provide other justifications/documents to support this appeal, if any.  
I want to have my certificate for Critical Illness coverage with AIA Public Takaful because the product suit my objective in financial planning.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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NRIC No: [REDACTED]  
Our Ref.: [REDACTED]

CERTIFICATE HOLDER'S DECLARATION

I hereby declared that I have reviewed this ROC Appeal form and to my best belief and knowledge, the advice and recommendation given by the Life Planner is sound and appropriate. I confirm that I am aware of the disadvantages of replacing my Existing Certificate with a new one and the replacement was done in the best interest of my/my family's needs and decision has been made by me in utmost good faith without any undue influence from any parties.

\_\_\_\_\_  
Signature  
Name  
NRIC No  
Date

\*Certificate Holder's signature must match with the signature in with New Certificate.

LIFE PLANNER'S DECLARATION

I hereby declared that the above is true to the best of my knowledge. The above analysis/advice is based on the facts furnished in this Appeal Form. I have taken reasonable steps to ensure that the advice is suitable for the Certificate Holder, having regard to the facts disclosed and other relevant facts of which I should reasonably be aware of. I have also explained to the Certificate Holder about the features of the New Certificate and have given sufficient information to enable the Certificate Holder to make an informed decision.

\_\_\_\_\_  
Signature  
Name : Saiful Amir Bin Ramali  
Life Planner Code : 2122R  
Unit/ Agency/ Region : 7526 / Imtiyaz Al Falah / KL5  
Date : 20/12/2023

Note:  
Please provide any documents in support of your appeal.