

If the answer to any of the question Nos. 1 to 9 is "Yes" or to 10 is "No" Please give details

(No. 11 & 12 below to be completed by female applicants)

- 11 Are you now pregnant?
- 12 If yes, Duration of Pregnancy (weeks)

Yes	No

DECLARATION

I declare that to the best of my knowledge and belief the above statements are true and complete and that I have disclosed all material facts which would influence the assessment and acceptance of this Declaration. I consent to the Company seeking and obtaining from any Doctor, Clinic or Hospital, my employer/s or any other insurer to whom a proposal for insurance had been made, any information relating to my physical health.

Dated at On this Day of 20.....

Signature of the Applicant