

PERSONAL STATEMENT REGARDING HELATH

Proposal/Policy Number _____

NAME_____ **Date of birth**_____

Since the date of your last Proposal / Medical Examination in connection with Life Assurance:

1.	(a) Have you suffered from any illness or injury? If so give details and date. (b) Have you consulted a Doctor? If so, please state name and address (to whom the company may refer)	a) b)
2.	Has there been any change in your general state of health or in your family history? If so give details	
3.	Have you applied for life assurance to any other life assurance office ? if so state: (a) Name(s) of office(s) to whom the Company may refer) (b) Date(s) of Proposal(s) (c) How dealt with?	a) b) c)
4.	Has there been any change of occupation, if so give details.	

DECLARATION

I hereby declare that to the best of my knowledge and belief, the information given is true and I agree that this declaration together with the previous statements made shall be the basis of the contract for Assurance between me and NATIONAL LIFE INSURANCE.

Place _____

Date _____

Signature of Life to be Assured.....

Countersigned by Unit Manager/Marketing Consultant/Agency /Broker/ A Witness:

-----Name/Location Code-----Date-----

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