

**DECLARATION OF HEALTHE**

**PROPOSAL FORM**

Name of Proposer……………………………………………………………………………………………………….... Permanent Address…………………………………………………………………………………………………………

Date of Birth…………………………………… Nationality…………………………………..

E-mail address ……………………………………… Mobile Phone No………………………………….. Loan amount…………………………………………… Tenor (IN MONTHS) ……….……………..

What are height and weight and present general state of your health……………………

Height………………………………….. (cm) Weight…………………………….(kg) Present Health…………………………………………………………………………………………

General Health…………………………………………………………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IF LIVING | AGE | STATE OF HEALTH | IF DEAD, Date and cause please be specific) | AGE AT DEATH |
| FATHER |  |  |  |  |
| MOTHER |  |  |  |  |
| BROTHER |  |  |  |  |
| SISTER |  |  |  |  |
| SPOUSE |  |  |  |  |
| Has any of your near relatives been afflicted with insanity, cancer or tuberculosis  If so give full particulars and state whether you have within the last 5 years lived in the same house with the person suffering from tuberculosis | | |  |  |
| Are there any additional facts affecting the risk on your life of which the company should be made aware (hazardous pursuit, private flying etc) | | |  |  |

Have you ever been tested for or received medical advice or treatment in connection with any sexually transmitted disease such as Hepatitis B, Gonorrhea or Syphilis etc? YES….. NO…….

# Alcohol Habit

# Have you ever received medical advice to reduce/discontinue liquor consumption? YES, NO

Do you on average consume more than 3 glasses of alcoholic drinks per day? YES, NO

Did you ever drink in the past? YES, NO

Name and address of your personal physician………………………………………………………………………..

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Declaration:

I hereby declare that to the best of my knowledge and belief the information given above are true and I agree that this declaration shall be the basis of my benefit under the scheme.

I consent to the insurance company seeking information from any doctor who at any time has attended to me or making of or seeking information from any insurance offices to which I have at any time submitted a proposal for Life Assurance Benefits and I authorize the giving of such information.

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Signature/date