



**BLOOD PRESSURE READINGS** (If more than one reading was done during consultation it is necessary to record them all)

	DATE	TIME	READING
First reading			
Second reading			
Third reading			

Have you ever taken this applicant's blood pressure in the past?

YES  NO

If "YES", please give dates and readings obtained:

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**REMARKS:**

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**DECLARATION OF VERIFICATION OF IDENTITY OF APPLICANT**

I, \_\_\_\_\_ declare that I have taken due and proper care to verify the true identity of the applicant and have witnessed his/her signature, and I have inspected the applicant's

ID No.

Passport No.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Year of first qualifying: \_\_\_\_\_ Signature of Medical Examiner \_\_\_\_\_

SAMDC REGISTRATION NO:

RAMS PRACTICE NO:

Address   
 Code

**DOCTOR'S BANKING DETAILS**

Bank Name

Branch Name  Branch Code

Account No.

Type of Account  Cheque  Savings

Please note that in the event of any modification or variation of this standard form Resolution Life will regard this form as being invalid and of no force and effect.

**Do not sign blank or incomplete forms.**