



8. Has an electrocardiogram or an X-ray of your chest been taken?

YES

NO

If "YES", state date of most recent:

a) electrocardiogram \_\_\_\_\_

b) X-ray or chest \_\_\_\_\_

State name and address of medical attendant who has the results

9. Please state any further relevant particulars including name and address of personal medical attendant or attendants

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby declare that the above statements are full, complete and true and agree that this shall form part of my application for the Policy

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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