

Quest. No.	Details	Date

9. Has your chest ever been X-rayed? YES NO
 If "YES", state date and result _____

10. Has an electrocardiographic examination been carried out? YES NO
 If "YES", state date and result _____

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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