

15 Do you belong to a club? YES NO

If "YES", which club? _____

16 Do you ever dive alone? YES NO

If "YES", state details

17 When were you last medically examined for diving purposes? Please provide date and doctor attended

18. Were any restrictions imposed? YES NO

If "YES", state details

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

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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