RESOLUTION life

Boskruin Office Park,
President Fouche Avenue,
Boskruin, 2154
(Entrance Boskruin Village Centre)

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HABITS QUESTIONNAIRE

Name of the Life to be Insured

Quotation No.

1. At what age did you first commence consuming alcohol regularly? _____

2. a) Are you now a total abstainer? ☐ YES ☐ NO

   If "YES", (i) for how long? _____

   (ii) the reason for abstaining _____

   b) Are you a member of AA? ☐ YES ☐ NO

   If "YES", (i) for how long? _____

   (ii) are you an active member? _____

3. a) What type of liquor do you consume (e.g. beer, spirits, wine)? _____

   b) How much do you consume during the day? _____

   c) How much do you consume during the evening? _____

   d) How much do you consume during the weekend? _____

   e) Do you take alcohol regularly? _____

   f) Do you only take alcohol on social, special or rare occasions _____

4. a) Have your previous habits regarding consumption of alcohol differed from your present habits ☐ YES ☐ NO

   If "YES", state full details regarding daily or weekly amount and type of alcohol consumed and give dates covering these periods.

   _____

   _____

   b) Have you ever been intoxicated or under the influence of alcohol? ☐ YES ☐ NO

   If "YES", how often, when and when last?

   _____

5. Have you ever received medical advice to reduce your alcohol consumption or to abstain completely? ☐ YES ☐ NO

   If "YES", by whom and when?

   _____

6. Have you ever received medical or any other treatment regarding your alcohol consumption? ☐ YES ☐ NO

   If "YES", state names and addresses of attending doctors and dates

7. Have you ever been involved in any breach of the law in connection with the use of alcohol? ☐ 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 for the Policy

Signature _____ Date D D M M Y Y Y Y