

MINING QUESTIONNAIRE *(Applicable to underground miners and ex-underground miners)*

Name of the Life to be Insured

Quotation No.

1. a) Name of mine where you are employed _____
- b) State the locality of the mine _____
- c) What is your present occupation? _____
- d) Give an accurate description of the nature and duties of your work _____
- e) How long have you been so employed? _____
- f) State the type of mine at which employed e.g. gold, coal, copper, etc. _____

2. a) If your work is such that you are required to work underground, state number of hours per week spend underground _____
 - b) Do you handle explosives? YES NO
- If "YES", state details _____

3. When did you first become a miner? _____

4. What is the total period of your underground service _____ years _____ months _____

5. a) What were the various underground occupations which you have followed in the past?

Name of mine	Occupation	Date From	Date Up to

b) If you have left the service of a mine, please state for what reason(s) _____

6. a) When were you last examined by the Silicosis Medical Bureau? _____

b) Give the result of the examination as communicated to you _____

7. a) Did you receive an 'Initial Certificate' on entering Mining Service, issued in terms of the Silicosis Act? YES NO

If "YES", state details _____

b) Was an 'Initial Certificate' ever refused to you or issued to you subject to restrictions? YES NO

If "YES", state details _____

8. Have you ever been certified as suffering from silicosis or tuberculosis? YES NO

If "YES", state details _____

9. Are you not receiving, or have you ever received, compensation from a provident fund such as the Witwatersrand Gold Mines Employees Provident Fund or any such similar fund YES NO

If "YES", state details

10. Have you ever consulted a medical practitioner regarding the condition of your lungs or respiratory organs 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

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