RESOLUTION life

Boskruin Office Park,
President Fouche Avenue,
Boskruin, 2154
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NARCOTICS QUESTIONNAIRE

INDIVIDUAL POLICY ☐ **CORPORATE SCHEME** ☐

This questionnaire will form part of Application No: Dated: D D M M Y Y Y Y

On the life of: I.D. Number:

Contact Telephone Numbers: (H) (W)

E-Mail Address: Cell No:

Postal Address Of Owner:-

Code: C O D E

Please supply accurate and full details in connection with your current or past drug use

1. Do you consider your present state of health to be good? ☐ **YES** ☐ **NO**
2. Present drug consumption

   Please state types of drugs and amounts consumed per day or per week
3. Past drugs consumption

   If your average daily consumption has been higher in the past, state when and give the average daily consumption at the time
4. When did you last have any drugs?
5. Have you ever received medical or other treatment for excessive consumption of drugs? ☐ **YES** ☐ **NO**

   If "yes", state when and give name of attending doctors or clinics where treatment was received
6. Have you ever been involved in any breach of the law in connection with the use of drugs? ☐ **YES** ☐ **NO**
7. Have you ever been diagnosed as having a liver/pancreas related disorder? ☐ **YES** ☐ **NO**

   If "yes", please state diagnosis, treatment and name of attending doctor.

I hereby declare that the above particulars and answers are complete and true.

Signed at this day of D D M M Y Y Y Y

Signature Of Applicant