

BLOOD PRESSURE READINGS (If more than one reading was done during consultation it is necessary to record them all)

	DATE	TIME	READING
First reading			
Second reading			
Third reading			

Have you ever taken this applicant's blood pressure in the past?

YES NO

If "YES", please give dates and readings obtained:

REMARKS:

DECLARATION OF VERIFICATION OF IDENTITY OF APPLICANT

I, _____ declare that I have taken due and proper care to verify the true identity of the applicant and have witnessed his/her signature, and I have inspected the applicant's

ID No.

Passport No.

Signed at _____ this _____ day of _____

Year of first qualifying: _____ Signature of Medical Examiner _____

SAMDC REGISTRATION NO:

RAMS PRACTICE NO:

Address Code

DOCTOR'S BANKING DETAILS

Bank Name

Branch Name Branch Code

Account No.

Type of Account Cheque Savings

Please note that in the event of any modification or variation of this standard form Resolution Life will regard this form as being invalid and of no force and effect.

Do not sign blank or incomplete forms.