RESOLUTION life
A Division of Resolution Holdings (Pty) Ltd

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

P O Box 1555, Fontainebleau, 2032
Telephone: 0861 543 326
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DECLARATION OF HEALTH

N.B.: A full and satisfactory answer must be given in respect of questions 1 and 2 - a stroke of the pen is not sufficient

Life insured _____ Date of Birth D D M M Y Y Y Y

Policy Number (s) _____

1. a) Occupation _____ b) Monthly taxable earnings R _____

2. a) Height ____ **cm** Weight _____ ____ **kgs**

b) Smoker ☐ **YES** ☐ **NO** If "YES" how many cigarettes do you smoke per day? ____

c) Do you consume Alcohol? ☐ **YES** ☐ **NO** if **"YES"** state type and amount in units per day/per week: _____

If the answer to any of the following questions is **"YES"**, state full details of each instance in the table provided below:

3. Since your last medical examination for the Company (or the proposal for insurance):

a) Has there been any change in your state of health? ☐ **YES** ☐ **NO**

b) If not already stated, have you during the past 5 years sought medical advice in connection with any symptoms or condition or been a patient in a hospital or nursing home, or undergone any medical examination (e.g. ECG, X-rays or specialized laboratory tests), regular check-up or insurance medicals or consulted any doctors/specialists, including alternative medical practitioners or traditional healers? ☐ **YES** ☐ **NO**

c) Are there any factors which can or could have exposed you to the risk of contracting a sexually transmitted disease including AIDS? ☐ **YES** ☐ **NO**

d) Have any deaths taken place among your parents, brothers or sisters? ☐ **YES** ☐ **NO**

e) Have you or do you intend to change your occupation, residence or engage in activities that are potentially hazardous such as mountaineering, aviation, scuba diving, etc.)? (If **"YES"**, you may be required to complete a separate questionnaire) ☐ **YES** ☐ **NO**

f) Has any proposal on your life been declined, postponed, withdrawn or acceptance offered at an extra premium or on special terms, or are any negotiations pending with another office? ☐ **YES** ☐ **NO**

Question No.	Full details	Date	Name and address of attending doctor or hospital (where applicable)	When did you last have symptoms? (where applicable)

DECLARATION

I declare and warrant that the above information is in all respects complete and true and I understand that the same, together with the original proposal and declaration and any other declarations signed or to be signed relative to the policy(ies) whether in my handwriting or not, will form the basis of the contract(s) of insurance.

Accepting that I am thereby curtailing my right of privacy, but to facilitate the assessment of the risks, and the consideration of any claim for benefits, under a contract related to this or any other proposal for insurance made by me, or in respect of as the Applicant, I irrevocably authorize Resolution Life:

a) to obtain from any person, whom I hereby so authorize and request to give, any information which the Company deems necessary, and

b) to share with other insurers that information and any information contained in this declaration or in any related contract or other document, either directly or through a data base operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by the Company or by the operations of such data base. I understand and accept that my right to privacy may be infringed to the extent permitted by me in this authorization and I hereby waive such right to that extent.

Signature of Life to be Insured: _____ Date D D M M Y Y Y Y