

(A) Bronchitis and / or Bronchiectasis

1. Do you have a regular cough? No Yes
2. When did you first suffer from Bronchitis?
3. Does it result in production of Sputum?
4. When did you last have any treatment from your Doctor?
5. Do you smoke? No Yes ▶ If so, how much?
6. Is there any wheezing? No Yes
7. Do you get breathless with ordinary activities? No Yes
8. Have you ever had any medical treatment for any chest complaint? No Yes

(B) Nervous Trouble

1. When did you suffer from the nervous conditions?
2. How many attacks have you had?
3. Names and addresses of Doctors Consulted –
 - (i) Prior to admission to hospital.
 - (ii) Subsequent to discharge.
4. How long were you under medical supervision and treatment?
5. For how long were you in hospital?
6. When did the medical supervision finally cease?
7. Has there been any recurrence? No Yes

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.

I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Life to be Insured	Signature: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
		Signed at: <input style="width: 90%;" type="text"/>
Signature of Witness	Name in Full <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
	Signature: <input style="width: 90%;" type="text"/>	Signed at: <input style="width: 90%;" type="text"/>