

7. a) Have you ever had:

- | | | |
|---|----|----------|
| i) Problems with your vision? | :- | Yes / No |
| ii) Circulation problems with your legs? | :- | Yes / No |
| iii) Albumin or protein in your urine? | :- | Yes / No |
| iv) Any Cardiac problem such as Hypertension? | :- | Yes / No |
| v) Renal problems? | :- | Yes / No |
| vi) Hyperlipidaemia? | :- | Yes / No |
| vii) Tuberculosis? | :- | Yes / No |
| viii) Other problems? | :- | Yes / No |

b) If so, please specify :- _____

8.) a) Are you currently consuming Alcohol? :- Yes / No

b) If yes please provide details. :- _____

9. a) Do you suffer from any other complaints? :- Yes / No

b) If yes please provide details. :- _____

10. Reports of any other investigations

e.g. ECG, B. Lipids, S.Creatinine, X-ray Chest, etc., if done. :- _____

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

Place : _____

Date : _____

Signature of Life Assured

Please enclose self attested copy of all past & present medical records including Investigation reports.