



8. a) Has any further treatment or follow-up been discussed, recommended or otherwise contemplated? :- Yes / No  
b) If 'Yes', please state details :- \_\_\_\_\_

9. a) Do you have any other medical problems related to your skin condition (e.g. Joint problems):- Yes / No  
b) If 'Yes', please state details :- \_\_\_\_\_

10. Please provide any additional information that you feel is important:- \_\_\_\_\_  
\_\_\_\_\_

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.**