



- .....
- (b) Received medical advice to reduce or stop smoking or drinking? YES/NO
- (c) Any disability (eg blindness, deforming paralysis etc)? YES/NO
- .....
- (d) Changed their occupation due to health reasons? YES/NO
- .....

D. Are the proposed lives now free from any disease or illness and in good health in every respect YES/NO? (if NO state details in schedule)  
 N.B All material facts relating to the assessment and acceptance of the application must be disclosed. Any false health declaration may cause this contract to be null and void.

Question NO B, C & D	Sate who was treated and give full details of the illness for which treated	Date	Duration of Illness

Name of Dr or Hospital which administered Treatment, State Hosp. No	Have you completely recovered from sickness

Applicants over age 52 Years  
 If "yes" state details in the spaces provided.

During the last six years have been ill for more than one week at a time?  
 YES/NO

.....

Have you or any member of your family had Assurance before? YES/NO

.....

Supplementary information

.....

**DECLARATION**

- a) I warrant that the information given in this application , whether in my handwriting or not, is true and complete.
- b) I agree that any misstatement or omission herein may lead to this contract being declared null and void by the "Company" herein called "Moonlight Provident Associates (Pvt) Ltd
- c) I confirm that I am fully aware that the representative referred to above is an independent contractor and that the company may not be held liable for any misrepresentations that might be made by such representative on its behalf.
- d) I hereby grant my consent to the company obtaining and information concerning my (or my family's) state of health during or after our lifetime from any doctor, clinic or like institution.
- e) The acceptance of Premium Deposit in respect of this proposal is subject to the condition that no risk is assumed by the company until this proposal is accepted by the Head Office of " Moonlight Provident Associates (Pvt) Ltd" If not accepted, money will be refunded upon production of relevant receipts. If the proposed is not yet 18 years. (A.N.B) the application must also be signed by a parent/ guardian.
- f) I have been made aware that the premium will escalate by the indicated percentage on each policy anniversary.

Date ..... SIGNATURE OF PROPOSER .....

SIGNATURE OF PARENT / GUARDIAN.....

I have read and understood all aspects of this proposal and statement and agree to all conditions contained herein..

**REPRESENTATIVE 'S DECLARATION**

- a) Are there any circumstances known to you which may not have been divulged in the proposer's statement which may influence the risk of the proposed lives/? YES /NO.

.....

- b) Have you specifically drawn the proposer's attention to the above declaration and is he/she conversant with the contents? YES/NO

.....

- c) Are any of the proposed lives excessively overweight ? YES/NO

.....

- d) Has the proposed to your knowledge ever had a Funeral Policy prior to this application? YES/NO

.....

DATE..... DATE.....

SIGNATURE OF REPRESENTATIVE SIGNATURE OF NEW BUSINESS MANAGER

FOR HEAD OFFICE USE ONLY

DATE ..... ACCEPTED pp"Moonlight Provident Associates"

POLICY NUMBER..... SIGNATURE.....

OTHER DETAILS.....

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NOTES ON FOLLOW UP.....

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AMMENDMENTS .....

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