

Name of Employer: _____ Group Policy No: _____

Name of Employee: _____ Date of Birth:

Present Occupation: _____ C.N.I.C. No: _____

Tel: (Res) _____ Tel: (Office) _____ Tel: (Cell) _____

Height: _____ Weight: _____ Gain or Loss past year: _____

Personal Physician (Name and Address): _____

1) Have you ever had or been diagnosed with any of the following:

- a) High blood pressure, chest pain, stroke or any heart or circulatory trouble? Yes No
- b) Enlarged glands or any form of cancer, tumour or disorder of the blood? Yes No
- c) Diabetes mellitus or any disorder of the kidneys, liver or bladder? Yes No
- d) Any disorder of the stomach or bowels? Yes No
- e) Any disorder of the joints or vertebral column? Yes No
- f) Shortness of breath, asthma, bronchitis or any disorder of the lungs? Yes No
- g) Epilepsy, fits or fainting attacks, frequent headaches or a nervous breakdown? Yes No
- h) Any illness, injury or disability not mentioned above? Yes No

If so, please give details (date, duration, treatment, name/address of physicians) on the back signed by yourself.

- 2) a) Are you presently taking medication of any kind? Yes No
- b) Have you ever been counseled or medically advised or treated in connection with an H.I.V. infection, AIDS or any sexually transmitted disease? Yes No

If so, please give full particulars on the back signed by yourself.

- 3) Have any of your natural parents, brothers, sisters died or suffered before age 60 from diabetes mellitus, heart diseases, cancer, stroke, multiple sclerosis, mental or neurological disorders? Yes No

If so, please give details (age if living, present state of health, age/cause of death) on the back signed by yourself.

- 4) a) Have you any life assurance or accidental death, disability, critical illness covers in force? Yes No
- b) Have you applied for any other cover with another company at the time being? Yes No
- c) Have any applications for Life, Accidental death, disability, critical illness covers ever been declined or modified in plan or rate? Yes No

If so, please give details (sum assured, duration, reason for loading, policy interest) on the back signed by yourself.

- 5) Do you smoke? Yes No

If so, please state your normal daily consumption of cigarettes, cigarillos, cigars or pipe:

- 6) Do you drink alcohol? Yes No

If so, what is your normal weekly consumption of alcohol (please state also whether beer, wine or spirits):

7) Have you ever taken drugs other than those prescribed by a doctor? Yes No

If so, please give details (date, duration, type of drugs) on the back signed by yourself.

8) Do you participate or intend to participate in any hazardous pursuits or activities (e.g. diving, motor racing, aviation)? Yes No

If so, please give details (e.g. diving depth, type of vehicle, type of aircraft) on the back signed by yourself.

9) Do you perform any hazardous occupational activities or foreign travels, stays? Yes No

If so, please give details (e.g. exact type of hazard, name/region of the country) on the back signed by yourself.

I hereby declare that the foregoing statements and answers are full, complete and true. I agree that they shall be the basis of the issuance of assurance for me under the Group Policy, and the Assurance Company shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for assurance and withheld or concealed in the above statements.

I authorize any physician, nurse, hospital official or employee to disclose to the Assurance Company any and all information regarding my medical history.

I do hereby, authorize Adamjee Life Assurance Company Limited to extract my verisys from NADRA for my Life Assurance policy.

میں آدجی لائف اشورنس کمپنی لمیٹڈ کو اختیار دیتا ہوں کہ وہ میری پالیسی کے لئے نادرا سے ویرسز نکال سکتے ہیں۔

Place

Date

Signature of Employee



adamjee life