

Clients Declaration

Note: This form is to be completed by the client in their own hand writing and all questions to be answered in full. Discuss with your advisor if you do not understand any questions or consult your GP if you are unsure of any answers to any medical conditions .

Full Name

Date of Birth

Full Address

ID Drivers License, Passport (circle one)

ID Number.....

Expiry Date.....

Home Phone Number

Email.....

Work Number

Mobile Number

Occupation

Name of Employer.....

Address.....

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Duties (What actually you do)

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Have you smoked tobacco in the last 12 months

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How many rolls per day

Have you smoked any other substance.....

Do you drink alcohol

Average per week: Beer

: Wine

: Spirits

What is your height

What is your current weight

Your GP Name

Trading As

GP Address

Phone contact Fax

When was your most recent visit to your GP

Reason for your visit

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Which medication was prescribed

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Were you asked to go for any further test or investigation

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Have you ever been hospitalised

Reason for Hospitalisation.....

When was your most recent blood test done

Where it was done

Reason for this blood test and results

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When was your most recent x-ray done

Where it was done

Reason and results for your most recent x-ray

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Have you ever taken any medication

Names of all medication you have taken whether prescribed or not

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Reason for taking this medication

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List all the injuries you suffered

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List all treatments and medications you received

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Name of Doctor and hospital who provided the treatments and medication

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List the names of all the specialist you have seen till to date

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List any other conditions for which you have undergone or have been advised to undergo tests or investigations

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Any other symptoms or signs which you are currently experiencing

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Please indicate by writing YES or NO if you are currently suffering from, experiencing symptoms of or being treated for, or if you have ever suffered from, had symptoms of or had treatment for any of the following.

1. High blood pressure.
2. Abnormal or high cholesterol.
3. Respiratory or breathing disorder (e.g. asthma, lung disorder, bronchitis, emphysema, TB etc.
4. Liver disease or disorder (e.g. hepatitis, fatty liver or abnormal liver function tests etc.
5. Kidney disease or disorder (e.g. kidney stones, infections or abnormal renal function tests etc.
6. Urinary tract or bladder disorder.
7. Prostate disorders including abnormal PSA tests, or gynaecological disorders including abnormal PAP/cervical smears.
8. Breast disorders including lumps, cysts, discharge or abnormal mammograms or ultrasound scans.

9. Gastrointestinal tract, stomach or bowel disorder (e.g. ulcers, colitis, Cohn's disease etc.
10. Skin disorders (e.g. dermatitis, psoriasis, eczema, cysts, suspicious moles, lesions etc
11. Cancer or tumour.
12. Diabetes, abnormal blood sugar test or impaired glucose tolerance.
13. Thyroid disorder, gout or any other glandular condition.
14. Disorders of the ears, eyes (excluding long or short sightedness), nose or throat.
15. Epilepsy or seizures.
16. Blood disorders.
17. Varicose veins or haemorrhoids.
18. Mental or nervous disorders (e.g. depression, anxiety, stress, phobias
19. Chronic fatigue, fibromyalgia or chronic pain syndrome.
20. HIV, AIDS or antibodies to HIV, or potential exposure to HIV.
21. Sleep disorders (e.g. chronic insomnia or obstructive sleep apnoea etc.
22. Recurrent(1) or recent(2) dizziness or vertigo.

23. Heart disorder (e.g. heart attack, heart failure, heart valve disorders, cardiomyopathy, angina, endocarditis, chest pain etc.
24. Muscle, joint, spine, tendon or bone disorder or injury.
25. Arthritis or rheumatism.
26. Recent** ear, nose, throat, adenoid or tonsil infections (within the past 12 months).
27. Grommet insertion (or been advised that this may be required).
28. Oral surgery, impacted or interrupted teeth, gum infections or cysts within the past 12 months.
29. Irregular, heavy or painful menstrual bleeding or hormonal problems.
30. Blood in the urine, slow urinary stream, difficulties passing urine or sexual dysfunction.
31. Any neurological disorder (e.g. stroke, MS, paralysis, migraines or motor neurone disease
32. Any other conditions not listed above for which you have received treatment or therapy from any health provider, (including alternative practitioners), in the past five years (excluding minor ailments such as colds, flu and contraception).

33. Any other conditions not listed above for which you currently take medications, drugs, sedatives or over the counter preparations (excluding medications for minor ailments such as colds, flu and contraception).

34. Any other conditions not listed above for which you have undergone or have been advised to undergo tests or investigations, including genetic testing, in the past five years.

35. Any other symptoms or signs which you are currently experiencing or have experienced at any time in the past 12 months whether or not you have consulted a health professional regarding them.

36. Any dangerous hobbies (motor racing, sky diving , parachuting, boat racing etc)

Please initial at bottom to confirm you have read and understood this question

List all medical conditions your parents , brothers and sisters have or had, specify current age, date of death and date of diagnosis

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Any other information you wish to provide which you think that might assist us to provide the best insurance cover.

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I hereby declare that the information provided on this form are true and correct.

BEFORE YOU SIGN THIS PLEASE READ AND INITIAL THE NEXT PAGE WHICH PROVIDES INFORMATION ON YOUR DUTY OF DISCLOSURE

Name

Signature

DateTime.....

DUTY OF DISCLOSURE

The DUTY OF DISCLOSURE means that you have a duty to disclose every information that you know (or could reasonably be expected to know) in relation to all questions asked especially your medical history on the client declaration form. Our recommendations and the contract of life insurance will be based on the information you provide and failure to provide correct information may lead to your claim being declined and policy cancelled.

Read and understood Name

DateTime.....

Advisor questions and answers

To be signed by the client at the bottom of the page

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I Herby confirm that the
answers provided to the advisor are
true and correct to the best of my knowledge

Signature.....Date.....