



## NON-MEDICAL APPLICATION - PART II

1. FULL NAME		AGE NEXT BIRTHDAY	3. ARE YOU MARRIED?	
4. RESIDENCE ADDRESS:			5. OCCUPATION How Long? Is change likely?	
6. Have you ever had or been told you had:		Yes or No	7. FAMILY RECORD	
			IF LIVING      IF DEAD	
			Age	Health
			Age	Cause of Death
a) Fits, Nervous Breakdown, Overwork or any Nervous or Mental disorder, Anaemia? ...			Father	
b) Blood-spitting, Pleurisy, Tuberculosis or any Lung Disorder? ... ..			Mother	
c) Ulcer, intestinal, liver or biliary disease, or any other abdominal disorder? ... ..			Brothers: How many?	
d) Kidney stone, colic, bladder trouble, or any other genito-urinary disorder? ... ..			Sisters: How many	
e) Rheumatism, heart disease, goiter, apoplexy, high blood pressure, Sickle Cell disease? ...			8. Has any member of your family ever had:	
f) Albumen, blood or sugar in the urine? ... ..			a) Any heart Ailment?	
g) Varicose veins, hernia, physical deformity, injury or any other ailment? ... ..			b) Nervous or mental disease?	
h) Yaws, leprosy, malaria, syphilis, gonorrhoea, Bilharzia, Onchocerciasis and Trypanosomiasis?			c) Tuberculosis?	
i) An X-ray or other special investigation?			d)	
<b>IF ANY QUESTION IS ANSWERED "YES", GIVE DETAILS BELOW</b>				
Disease or Injury	Date	Duration	Results	Name of Doctor or Hospital
9. In the case of a female,			10. Have you ever resided in any mining area in West Africa? If so where, and for how long?	
a) Are you pregnant? .....			11. What is your average daily consumption of Alcohol?	
b) Have you any children? .....			12. How much do you smoke daily?	
c) i) How many children alive? .....				
ii) How many children dead? .....				
iii) State cause of death .....				
d) If married, how long? .....				
e) Any female disease? .....				

I declare that the foregoing answers are true, that I have not withheld any important circumstance, and I agree that this declaration shall be held to form part of the proposal for Life Assurance now made to the Company.

**SUPPLEMENTARY QUESTIONNAIRE**

Full Name:.....

Address:.....

.....

Age:.....

(PLEASE GIVE FULL DETAILS OF ALL POSITIVE ("YES") ANSWERS)

QUESTION	ANSWER	DETAILS
<b>1. HAVE YOU EVER HAD:</b>		
a) Unexplained recurrent or persisting Fever/Skin Disorder?	Yes / No	
b) Unexplained persistent high sweats?	Yes / No	
c) Unexplained Infections or Swollen Glands?	Yes / No	
d) Unexplained weight loss?	Yes / No	
e) Chronic or recurrent Diarrhoea?	Yes / No	
f) Persistent Cough?	Yes / No	
g) Hepatitis B or Sexually Transmitted Diseases including Genital Sores or Discharges?	Yes / No	
<b>2. HAVE YOU EVER HAD OR BEEN ADVISED TO HAVE BLOOD TEST FOR A.I.D.S. OR AN AIDS-RELATED CONDITION?</b>	Yes / No	
<b>3. HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR?</b>	Yes / No	
<b>4. HAVE YOU RECEIVED A BLOOD TRANSFUSION WITHIN THE LAST FIVE (5) YEARS?</b>	Yes / No	

I declare that the foregoing answers are true; that I have not withheld any important circumstance or detail and I agree that this declaration shall be held to form part of the proposal for Life Assurance now made to the Company.

Date:.....

Signature:.....

Witness: .....