

20. Have you been hospitalized at any time during the last six months? YES / NO
21. What is your average daily consumption of alcohol?
22. How much cigarette / tobacco do you smoke daily?

23. Do you currently have or have you ever had:
- a) Any Chest Pains, Blood Pressure or Heart Disorder? YES / NO
- b) Any disorder of the Kidney, Liver, Urinary Tract or Respiratory, Nervous, Digestive or Reproductive System? YES / NO
- c) Cancer, Tumour, Diabetes, Ulcer, Epilepsy, Emotional or Mental Disorder? YES / NO

24. Have you been diagnosed or treated for an immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any Sexually Transmitted Disease? YES / NO

25. Have you received any medical or surgical advice or treatment for any ailment, injury or sickness during the past 5 years other than those listed above? YES / NO

26. Are you currently taking any medication? YES / NO
 If 'YES' give type of medication and dosage

27. GIVE DETAILS OF "YES" ANSWERS TO ABOVE QUESTIONS

28. Do you have any life assurance policy? If so, list names of companies and amount.

I REPRESENT that all statements and answers made above or attached to this application are true and complete to the best of my knowledge and belief, and that I have not withheld any material fact. I AGREE that this application shall be the basis and form part of this Contract. I UNDERSTAND that the policy shall not be in effect until the Effective Date specified in the contract and when all of the following conditions are met:-

- a) This application is approved by the SIC Life company Limited
- b) The first premium is paid;
- c) The Policy has been issued to and received by me, and I am in good health; and
- d) The statements and answers made above or attached hereto continue to be true and complete.

I also confirm that I have checked and found correct any statement that it not in my handwriting.

Dated this Day of 20.....