askarilife

AMENDMENT TO APPLICATION FOR INSURANCE

Attached to and forming part of:

Proposal No. _____

Policy No. _____

_____ I, dated to be amended as follows
(Name of Applicant)

_____

I hereby certify that there has been no change in my and / or my family member(s)' occupation and / or condition of health who are proposed for insurance since the date of application referred to above requesting insurance for me and / or my family. I further certify that I and / or my family member(s) have not received, since the date of the application, any medical advice, attention, consultation, have not undergone any medical examination and / or tests and that all my answers written in the said application relating to me and / or my family are still true and unchanged.

Signed at _____ this _____ day of _____ year _____
(City)

Witness _____ Signature of Applicant _____