

**MORTGAGE PROTECTION INSURANCE
DECLARATION OF HEALTH FORM**

SURVEY REF: _____

A/C NO. _____

NUMBER OF BORROWERS: 1 2 3 4

YOUR DUTY OF DISCLOSURE: It is important that you answer all questions to the best of your knowledge and belief and disclose all relevant facts. If you fail to do so, your insurance cover will be void and you will be disqualified for any claims arising out of this insurance cover.

BORROWER DETAILS

Name: _____ male female

Date of Birth: _____ Occupation: _____

Postal Address: _____ Phone contact: Mobile: _____
Work: _____
Home: _____

TYPE OF COVER: DEATH AND TOTAL PERMANENT DISABILITY

DETAILS OF LOAN:

Loan Amount: \$ _____ Term Of Loan: _____ Years

Monthly Repayment: \$ _____ Commencement Date: _____

PERSONAL HEALTH STATEMENT

1. Are you currently on any medical treatment? YES NO

If YES, please give details: _____

Name of Doctor: _____ Doctor's Phone No. _____

Doctor's Address: _____

2. To the best of your knowledge have you, in the last 12 months, had treatment or been informed that you have blood pressure problems, heart trouble, cancer, diabetes, gall stones, kidney or liver or bowel disease, digestive disorder, lung disease, stroke, fits, mental illness or nervous disorder, suffered serious personal injury or HIV AIDS? YES NO

If YES, please give details: _____

Name of Doctor: _____ Doctor's Phone No. _____

Doctor's address: _____

DECLARATION

I, _____ (name) of _____ (address) hereby declare that the statements made and the information provided by me in this application is correct, true and complete in all respects, to the best of my knowledge and belief and no information has been withheld which is likely to affect the acceptance of this application. This application and declaration shall be the basis of the policy and deemed incorporated therein.

Signature of Declarant

Date

