

5. LIST ALL OTHER POLICIES YOU HAVE WITH TATIL LIFE ASSURANCE LIMITED OR ANY OTHER COMPANY WHICH PROVIDES ACCIDENT, SICKNESS OR DISABILITY INSURANCE AND THE BENEFITS PROVIDED THEREUNDER.

NAME OF COMPANY	AMOUNT AND TYPE OF BENEFITS

6. I declare the above statements and answers to be full, complete and true.

I hereby authorize any person who has employed me to give full details of my employment, including my salary and duties to Tatil Life Assurance Limited.

7. **AUTHORIZATION:** I hereby authorize any physician or practitioner who has observed me for diagnosis or treatment, or for any disease or ailment, or any hospital or clinic where I have been a patient for such diagnosis, treatment, disease or ailment, to give full particulars, including any prior medical history, to Tatil Life Assurance Limited.

A photocopy of this authorization shall be as valid as the original.

.....
 Date Signature of Insured

8. NOTE: IF THE POLICYOWNER IS NOT THE INSURED THE FOLLOWING DECLARATION MUST BE SIGNED

I declare the above statements and answers to be full, complete and true and I make claim for the benefits available under the policy.

.....
 Date Signature of Policyowner

.....
 Address of Policyowner

