



PRUDENTIAL

PRUDENTIAL ASSURANCE UGANDA LTD - DECLARATION OF GOOD HEALTH FORM

Name of Life Assured			
Policy Number			
Location/current address		Telephone No.	
Date of Birth			
Occupation			

NOTE: If the answer to any of the questions is YES, please give details and submit reports if any.

1. Are you at present in sound health? Yes No

If no, please give details below

2. Since the date of inception of the above-mentioned policy:

- a. Have you suffered from any illness requiring treatment for a week or more in the last 6 months? Yes No

- b. Did you have any operation, accident or injury? Yes No

- c. Has there been any change in your mode of habits (smoking, alcohol use) or occupation? Yes No

- d. Any disorders not mentioned above? Yes No

- e. Have you taken up any hazardous occupation? Yes No

3. For Females only:

- a. Are you pregnant now? Yes No

If yes, please give number of weeks/months

I _____ do hereby declare that the above statements and particulars given in this form are to the best of my knowledge and belief, true and complete.

Date at _____ this _____ day of _____ 20 _____

Signature of Life Assured _____ Signature of proposer _____