

Application Reference Number

Given name(s)

Family Name

**NOT ALL QUESTIONS MAY BE APPLICABLE TO YOU.  
PLEASE ANSWER ALL THE QUESTIONS WHICH ARE APPLICABLE IN AS MUCH DETAIL AS POSSIBLE, AND MARK ANYTHING ELSE AS "NOT APPLICABLE".**

**IF YOU TRAVEL TO HIGHER RISK COUNTRIES PLEASE COMPLETE THE HIGHER RISK COUNTRIES TRAVEL QUESTIONNAIRE.**

1. Please provide details of travel outside your country of residence for the last two years.

Country	City/Region	Reason for visit (visit family, holiday, business, etc)	Number of visits per year	Average length of stay
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**IF THERE IS INSUFFICIENT SPACE, PLEASE CONTINUE ON A SEPARATE PIECE OF PAPER, ENSURING THAT YOU SIGN AND DATE ANY ADDITIONAL PAGES.**

2. Please provide details of expected or intended future travel outside your country of residence.

Country	City/Region	Reason for visit (visit family, holiday, business, etc)	Number of visits per year	Average length of stay
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**Declaration by Life Insured**

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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