DECLARATION FOR CURRENT EMPLOYMENT STATUS	
Application No.	
Name of the applicant:-	
Employment status:- Salaried Self-employed	
Name of organisation currently working with:	
Duration of employment with current organisation:	
DECLARATION: I confirm that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).	
Name of the applicant:-	
Date: Signature of applicant:	