| MARITAL STATUS DECLARATION | |
|--|--|
| | |
| Application No. | |
| Name of the applicant:- | |
| Marital status: Married Unmarried | |
| 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: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |