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9.1 Has your child an intention of engaging in any hazardous sports, activities or military or military allied services? YES No

9.2 Has your child ever been convicted of any criminal offense or illegal activity? YES No

9.3 Is there any case of litigation pending or under investigation at present? YES No

If you answered "YES" to any question between 2 to 8 above, please complete details below (including dates, duration and treatment, names and addresses of paediatricians/physicians/surgeons) and placed your signature thereunder.

	Signature

DECLARATION

The foregoing statements and answers are complete and true and we agree that the statements and answers shall be the basis of the contract of this assurance between this child and Ceylinco Life Insurance Limited. Ceylinco Life Insurance Limited shall not be liable for any claim in the event of death or on account of illness or injury the cause of which was known to the proposer/s prior to acceptance of the proposal or any Information or material facts withheld or concealed.

We hereby authorise any doctor, nurse or hospital official to disclose to Ceylinco Life Insurance Limited any and all information regarding this child's past medical history, present treatment and the results of any investigation carried out.

Dated at on this day of 20

Father's Signature **1.**

Mother's Signature **2.**

N.I.C. No.

N.I.C. No.

Witness: 1
I certify that the signature/s 1/2 was / were placed in my presence

Witness: 2 (Sales Consultant/.....)
I certify that the signature/s 1/2 and witness 1 were placed in my presence

Signature

Name

Address

N.I.C. No.

Code No.