

APPLICATION TO FIDELITY LIFE ASSURANCE COMPANY LIMITED
FOR NON-SMOKERS POLICY

I, _____

wish to apply for a Non-Smoker's Policy and declare that I have not smoked any cigarettes during the last twelve months.

This application forms part of the proposal on life of:

Policy number: _____

I hereby declare that the above particulars and answers are complete and true.

Applicant's signature: _____ Date: ____ / ____ / ____

Signed by Witness: _____

Details of Witness:

Full name: _____

Address: _____

Occupation: _____