

Application to change Smoker Status

I, _____

wish to apply for a Non – Smoker's Policy and declare that I have not smoked tobacco or any other substance during the last twelve months.

This application forms part of the proposal on life of

Policy number/s _____

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

Declaration

Applicant's signature _____ Date _____

Signed by Witness _____

Details of Witness

Full name _____

Address _____

Occupation _____