



HEALTH DECLARATION FORM 'B'

Declaration of continued good health:

I hereby declare that:

1. Since my last {*premium due date or proposal for assurance*} -----
dated -----No -----

I have not suffered from any illness or consulted any Medical practitioner.
2. I am in good health.
3. No alteration has taken place in my family history.
4. My life has not been proposed for assurance to any other office. AND I make this Declaration believing the same to be true. AND I further agree that this declaration shall be taken together with the proposal as the basis of the contract between me and '**APOLLO INSURANCE COMPANY LIMITED**'.

DATED this -----day of -----20 -----

N.B. - If illness has been suffered or proposal made to another company please give here particulars.

Declare and signed

Signature of Declarant