



BPI



ADDENDUM TO APPLICATION FOR POLICY

LIFE ASSURANCE CORPORATION

Name of Applicant:	Reference No.:
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Field	Details



BPI



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LIFE ASSURANCE CORPORATION

I declare that the above statements are true and complete. I also certify that there has been no change in my condition of health. That I have received no medical attention, consultation or examination, since the date of completion of said application dated ____ / ____ / ____ . Further, all my answers as written in said application, including those relating to my occupation, are still true.

Signed at _____ this _____ day of _____ , _____.

Name of Proposed Insured

Name of Proposed Owner

Witnessed by: _____

Name of Bancassurance Sales Executive

Code No. _____