

Name of Applicant:	Reference No.:
Birthdate:	Sex:

Please **PRINT** all answers.

1. What type of alcoholic beverages have you taken? Please check as many as applicable.

- Beer Gin Brandy Whisky
 Scotch Wine Rum Others. Please specify. _____

2. How long have you been drinking each type?

Type of Beverage	Duration

3. How often have you been drinking each type?

Type of Beverage	Frequency

4. How much do you drink of each type?

Type of Beverage	Amount

5. Where do you usually drink alcoholic beverages? Do you usually drink alone or with friends?

6. Have you ever sought treatment or medical help for your drinking habit? If you have, please give the name(s), address(es), of the doctor(s) and the date(s) of your consultation(s).

Name	Address	Date of Consultation

7. Have you been confined for stomach disorder as a result of alcoholic intake? If yes, give the details including the dates.

8. Have you been convicted for driving violations and/or any road accidents as a result of alcohol intake? If yes, please state the date and provide a brief explanation of the incident.

I certify that the above statements are true and complete and agree that this questionnaire, together with my application dated ___ / ___ / ___ shall form the basis of the contract between the Company and myself.

Signed at _____ this _____ day of _____, _____.

Witnessed by:

Name and Signature of Bancassurance
Sales Executive / Code No.

Name and Signature of Applicant