

BRITAM LIFE ASSURANCE COMPANY (K) LTD.

UNDERWRITING LIFE DEPARTMENT

DECLARATION OF CONTINUED GOOD HEALTH

This statement should be completed by the policy owner (or insured where applicable).

BRANCH CODE..... DEBIT NO..... POLICY(IES).....

NAME OF APPLICANT.....

POSTAL ADDRESS.....POST CODE

RESIDENTIAL ADDRESS

MOBILE PHONE No:..... EMAIL:

KRA PIN No:..... PREFERRED MODE OF CONTACT: EMAIL LETTER SMS

I declare that since making my proposal to your company for life assurance dated/...../.....,

- a) There has been no change in my health.
- b) I have not changed my occupation.
- c) I have not consulted any doctor nor received medical treatment for any reason.
- d) Not including this application, no application for insurance on my life has been declined, deferred nor accepted with a higher than normal premium or issued with restrictions or exclusions.
- e) My family history has not changed.
- f) I am not engaged in any hazardous activities.
- g) I have no intention of living outside Kenya.
- h) There are no changes in my circumstances, lifestyle or activities not otherwise disclosed.

If you cannot affirm any of the statements in a-h above, please give below details of the change in your circumstances.

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I understand that under the provisions of the Insurance Act, 2015, I have a duty when making this application for reinstatement of my policy(ies) stated above to disclose to Britam every matter that I know or could reasonably be expected to know which is relevant to Britam's decision whether to accept the reinstatement of the risk of insurance and, if so, on what terms, or to decline.

I agree that this Declaration will be made a part of the contract(s) relating to the aforementioned policies and that the information I have supplied is true and correct to the best of my knowledge.

Signature of Applicant..... Date...../...../.....

Witness Name..... Date...../...../.....