

Amendment of Application

Proposal Number

Name of Life to be Insured

I, the Proposer hereby request that my proposal herein above, submitted to the Company on _____ be amended as follows:

I declare that the above statements are complete and true and agree that these changes shall be an amendment to and form part of the original application and of the policy issued hereunder, if any and that they shall be binding on any person who shall have or claim, any interest under such policy. I acknowledge that any facts which I know or ought to know are to be disclosed, otherwise the policy may be void.

I further certify there has been no change in my condition of health, and that I have not received any medical attention, consultation or examination whatsoever, since the date of completion of the said proposal. All answers written in the course of the said proposal, including those relating to my occupation, are still true.

Signature of Proposer and Date

Signature of Life to be Insured and Date (if different from Proposer)

Name of Proposer:
 Passport / NRIC Number:

Name of Life to be Insured:
 Passport / NRIC Number:

Signature of Witness and Date

Signature of Witness and Date

Name of Witness:
 Passport / NRIC Number:

Name of Witness:
 Passport / NRIC Number: