



Name of Life To Be Assured / Proposer:

Requirement: **Family History details**

Application No.

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FAMILY HISTORY OF THE LIFE TO BE ASSURED

15. Have either of your parents or any brothers or sisters suffered from or died due to any of the following conditions: Heart problems, diabetes, stroke, hypertension, raised cholesterol, cancer, or any hereditary disease? If yes, please give full details below: ☐ Yes ☐ No.

Family Members	Age	If Alive, Illness, if any	Age	If Deceased, Exact Cause of Death
Father				
Mother				
Brother / Sister				

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Signature of Life To Be Assured / Proposer

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Signature of FA / CRO / BDM

Place:

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Place:

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Date:

D	D	M	M	Y	Y	Y	Y
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Date:

D	D	M	M	Y	Y	Y	Y
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