orient insurance pjsc

Amendment to Proposal/Policy

Important instructions for form completion:

Please complete this form in BLOCK CAPITALS. Please do not leave any field blank or incomplete. Any change made on the form should be signed by the Proposer/Policy Holder/Life Assured. Please ensure that the answers/information provided in this form are correct. Please sign as per signature affixed on the Application Form or as per your updated signature with Orient. Only original, filled and signed form is acceptable. Any unclear instructions will not be processed.

Name of Proposer/Policy Holder/Life Assured :

Proposal/Policy Number :	Date :	D	D	M	M	Y	Y	Y	Y

To be amended as follows:

Declaration by Proposer/Policy Holder/Life Assured

I certify that there has been no change in my health condition, and / or that of all covered members under this proposal, and I have received no medical attention, consultation or examination whatever, since the date of completion of said proposal; further, that all my answers as written in said proposal, including those relating to all covered members and, my occupation are still true.

Date :
Place :

Signature of Proposer/Policy holder/Life Assured