

5. Other than recorded above, have you ever been treated for, been suspected of or had symptoms of Diabetes, sugar in your urine, kidney disease, rheumatic fever, any heart disorder, high blood pressure, lung disease, asthma, ulcer, disorder of the digestive tract, epilepsy or mental or nervous disorder?      Yes      No
6. Have you had an injury, illness or symptoms during the last three(3) years, not covered above?      Yes      No
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7. Has your weight changed by more than 3.5kg/7lbs in the last year? If "yes" give change details.      Yes      No
8. Are you suffering or have you ever suffered from any condition not mentioned above? If "yes" give details.      Yes      No

**FEMALES ONLY**

9. To the best of your knowledge and belief, you had:
- Yes      No
- a. Any disorder of menstruation, pregnancy or female organs (including breasts)?
- b. Birth by caesarean section?
- c. Are you pregnant? If so, how many months?

**FAMILY HISTORY**

10. Has any member of your family had diabetes, tuberculosis, cancer, high blood pressure, heart or kidney disease, blood disorder or mental illness.      Yes      No

| 11.       | Age, if alive        | State of health      | Age at death         | Cause of death       |
|-----------|----------------------|----------------------|----------------------|----------------------|
| Father    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Brother/s | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sister/s  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I agree that this application and others already completed shall be the basis of the contract which will commence on the acceptance of this application by GLICO, on its normal terms and conditions. I have read over the replies to all questions in this application form and declare that, to the best of my knowledge and belief, all information given are TRUE and COMPLETE.

Date..... Applicant's signature.....

**Witness**

Name..... Date..... Signature.....