



## 2: General questions (continued)

11. Do you regard your epilepsy as controlled by medication? Yes ☐ No ☐

12. Provide names of doctors (including neurologists) consulted, dates of consultation and/or hospitalisation and whether any other examinations were conducted previously, e.g. EEG, CT scan of the brain, etc.

Name

Date

Name

Date

## 3: Declaration by insured life

I declare that all the statements that I have made and details that I have supplied in this form (whether in my own handwriting or not), are complete and true. I also understand and agree that the information that I have supplied, together with the application for life insurance and any other relevant documents, will form the basis of any insurance contract that may come into existence as a result of such application.

Signed at

**Signature of insured life**

**Date**

No payment for the completion of this form.