

integrity.

Non-smoker declaration.



Life Insured's Details

Title		First Name	
Last Name		Date of Birth	

Declaration

Please confirm that in the past 12 months you have not:

- Smoked tobacco in any form or type (cigarettes, cigars, pipe, hookah)
- Smoked any other substance in any form (e.g., cannabis, hash)
- Used any nicotine replacement products in any form (patches, sprays, gum)
- You have not been advised to cease smoking on medical grounds or due to an adverse change in your health (you have already developed symptoms in respect to smoking or have been diagnosed with a smoking related medical condition)

Full Name

Signature

Date

____/____/____