



APPLICATION FOR REINSTATEMENT BY RE-DATING

Policy No. _____ Insured Name: _____
Mobile No. _____ Email: _____

I hereby request that the above policy on my life be reinstated under the company's Re-dating plan thereby altering:

1. The Date of its issue to _____ / _____ / _____
2. The Date of maturity to _____ / _____ / _____

I am aware that this may result in increased **premium** or **reduced sum assured**. I hereby authorize the company to:

<input type="checkbox"/>	Reduce Sum Assured to correspond with my current age
<input type="checkbox"/>	Increase Premium to correspond with my current age

Please tick appropriate box

The other terms and conditions of the policy to remain unaltered.

I declare that since making my proposal to your company for this policy:

- a) There has been no change in my health.
- b) I have not changed my occupation.
- c) I have not consulted any doctor nor received medical treatment for any reason.
- d) I have not made a proposal for life assurance to any other company and
- e) My family history has not changed.

If you cannot sign this Declaration in its present form please give below details of the change in your circumstances.

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I/We agree that this Declaration will form part of the contract.

Dated: Signature of applicant.....

Witness

Name

Signature

Date

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