



BPI



ADDENDUM TO APPLICATION FOR POLICY

LIFE ASSURANCE CORPORATION

Name of Applicant:

Reference No.:

Field	Details

**BPI****ADDENDUM TO APPLICATION FOR POLICY****LIFE ASSURANCE CORPORATION**

I declare that the above statements are true and complete. I also certify that there has been no change in my condition of health. That I have received no medical attention, consultation or examination, since the date of completion of said application dated ____ / ____ / ____ . Further, all my answers as written in said application, including those relating to my occupation, are still true.

Signed at _____ this _____ day of _____ , _____.

Name of Proposed Insured

Name of Proposed Owner

Witnessed by: _____

Name of Bancassurance Sales Executive

Code No. _____