

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

Name of Applicant:

Policy No.:

| Question Number | Details of Answer to Questions |
|-----------------|--------------------------------|
| | |

**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.: _____