

DECLARATION FORM

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Please place your
ORIGINAL NRIC (Front) In
this section

I hereby confirm that my signature below is for the purpose of submitting my non face-to face HLA insurance application as received by me from HLA

Signature of Life Assured

Date:

Please place your
ORIGINAL NRIC (Back) In
this section

I hereby confirm that my signature below is for the purpose of submitting my non face-to face HLA insurance application as received by me from HLA

Signature of Life Assured

Date: