

**APPLICATION TO FIDELITY LIFE ASSURANCE COMPANY LIMITED
FOR NON-SMOKERS POLICY**

I, _____

wish to apply for a Non-Smoker's Policy and declare that I have not smoked tobacco or any other substance during the last twelve months.

This application forms part of the proposal on the life of:

Policy number: _____

I hereby declare that the above particulars and answers are complete and true.

Applicant's signature: _____ Date: / /

Signed by Witness: _____

Details of Witness:

Full name: _____

Address: _____

Occupation: _____