

## Your personal details

_____ Your full name	_____ Civil reg.no.
_____ Address	_____ Postcode and City
_____ Telephone no.	_____ E-mail
_____ Occupation	_____ Employer

I meet all health requirements needed to obtain and maintain certificate for my occupational category, see "Conditions for Civil Aviation"

YES    NO

I declare that the information and answers given in this declaration are in accordance with the truth, and that I have concealed nothing. I am aware that the insurance may be reduced or terminated if my answers are not in accordance with the truth or if I have concealed anything.

I am aware that I will not be entitled to premium exemption, disbursement at reduced ability to work or disbursement at loss of certificate as a result of any insurance event that occurred before the policy origination.

## Date and signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature