(If YES, give details)_____



CERTIFICATE OF INSURABILITY - MINOR

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9. Since the date of application for this policy, does the child have heart disorder,rheumatic fever, asthma, Diabetes, Hepatit is, ca	or have you been told he has or has advice been sought for ancer or tumor, anaemia, epilepsy or kidney disorder? \square Yes \square No
(If YES, give details)	
10. Is the child in sound health? ☐ Yes ☐ No (If NO, give details)	
Since the date of application for this policy has any application postponed, modified or rated up by Birla Sun Life Insurance or (If YES, give details)	any other insurance company? \square Yes \square No
I, the life insured/applicant declare that to the best of my knowledge a application if approved, with the answers given in any declaration which which relates to the insurability of the life insured or to the change of t	h may be required by Birla Sun Life Insurance Company Limited and
I agree:	
settlement made in connection therewith until this application on change having taken place in the insurability of the insurable. 2. All material facts, being facts which might influence the asserbeing understood that failure to make such disclosure render. 3. That if on the basis of this application the policy is changed within a period of years from the date of this application equal not assumed under the changed policy in respect of any increase.	essment of this application, have been disclosed in this application, it is the contract voidable, and so as to result in an increase in the amount of risk, death by suicide all to the period specified in the suicide provisions of the policy, is a risk lease in the amount at risk; but in the event of such death Birla Sun Life ment of the amount which would become payable had the policy not
Signed at20	Signature of Life Insured
Signature of the Policy Owner	Signature in presence of Mr/Ms
Name of Insurance Advisor:	Code of Insurance Advisor:
Name of Agency Manager :	Code of Agency Manager:

To update your contact details please complete the Policy Service Request Form

