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## Non Smoking Declaration

### 1.0 Life assured's details

Name of life assured

Mr	First name				
Mrs	Middle name(s)				
Miss	Surname				
Other	Male	Female	Date of Birth		

### 2.0 Personal statement

Please indicate below by ticking the applicable box if you smoked tobacco or used any of the listed substances within the last 12 months?

Have you smoked more than one cigarette, one cigar or one pipe per month	Yes	No
Have you smoked a Hookah/Shisha (nicotine based or non-nicotine based) more than once per month	Yes	No
Have you used any electronic cigarettes or vapour	Yes	No
Have you used any nicotine patches or nicotine gum	Yes	No

### 3.0 Declaration

I/we declare and agree that the information provided in this Non Smoking Declaration, whether in my/our handwriting or not, is true and complete and I/we have not withheld or misstated any material fact.

Signature of life assured

Date

Policy owners to acknowledge the above declaration.

Name of policy owner 1

Mr	First name		
Mrs	Middle name(s)		
Miss	Surname		
Other			
OR	Company name		
Signature/authorised signature of first policy owner			

Date

Name of policy owner 2 (if applicable)

Mr	First name		
Mrs	Middle name(s)		
Miss	Surname		
Other			
OR	Company name		
Signature/authorised signature of first policy owner			

Date

Name of policy owner 3 (if applicable)

Mr	First name		
Mrs	Middle name(s)		
Miss	Surname		
Other			
OR	Company name		
Signature/authorised signature of first policy owner			

Date

Name of policy owner 4 (if applicable)

Mr	First name		
Mrs	Middle name(s)		
Miss	Surname		
Other			
OR	Company name		
Signature/authorised signature of first policy owner			

Date