

Foreign Residence Declarations

**Amendment to Application /Policy No. _____ and
made a part thereof**

1. Full Name _____
2. Date of Birth _____ Place of Birth _____
3. Occupation _____
4. Current Residence _____
5. Length of stay in current country of residence: Years _____ Months _____
6. Type of residency/work visa/permit: _____
Copy Attached
7. Plan to stay in the current country of residence: Years _____
8. Frequency of visits to home Country? _____ time(s) every _____ Year(s)
9. Duration of stay on each visit? _____
10. a) I plan/ do not plan to return to my home country for good.
b) Approximate Date of return _____
11. Details of real estate, bank account in the home country _____

12. I plan/ do not plan to settle in the current country of residence for good.
13. I carry/ do not carry the nationality of the current country of residence/work.
14. Immediate family(Spouse ,children, parents, brothers/sisters)currently live in:

Town/city Country

Declaration

I hereby declare that the above statements are true and complete and understand that failure to disclose the full facts may cause the insurance policy to be declared void and agree that this Questionnaire shall form a part of any contract issued between myself and the company.

Signed at _____ Date _____

Full Name in own Handwriting _____ Signature _____