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Policy number(s)

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Surname (please print)

Given name(s)

**The Life to be Insured is requested to supply full and complete answers to the following questions:**

**1** Doctor's name and address:


**2** Date of check-up:

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**3** For what specific reason did you attend the doctor?


**4** What were the doctor's findings?


**5** Was any treatment prescribed or investigations recommended? No  Yes  If yes, what?


**6** Are you still receiving treatment or taking any form of medicine? No  Yes  If yes, what?


**7** Do you have to report back to the doctor? No  Yes  If yes, when?


I declare that the statements given above are complete and true and I understand that AXA Australia or Australian Casualty & Life will be relying on the complete accuracy of the statements in assessing my application for insurance.

	<b>X</b>	/ /
Name	Signature	Date

**Please send completed form(s) to:**

**AXA Australia Customer Service Centre PO Box 14330 MELBOURNE VIC 8001 Telephone 132 987 Facsimile 1800 502 072**