



HOME FINANCE COMPANY LIMITED
MORTGAGE PROTECTION INSURANCE APPLICATION FORM

Account Number: _____

1st BORROWER

Name: _____ Female Male
Date of Birth: _____ Occupation: _____ Height _____ Weight _____
Address: _____
Phone Contact: (Home) _____ (Business): _____ (Fax): _____

2nd BORROWER

Name: _____ Female Male
Date of Birth: _____ Occupation: _____ Height _____ Weight _____
Address: _____
Phone Contact: (Home) _____ (Business): _____ (Fax): _____

DETAILS OF LOAN [Please tick & indicate loan amount as applicable]

New Borrowers Existing Borrowers
New Loan Amount (F\$): _____ Existing Loan Amount (F\$): _____ Additional Loan Amount (F\$): _____
Type of Cover: Single (100%) Proportional (50%) Multiple (100%) Term of loan (Years)
Monthly Repayment: \$ _____ Commencement Date (Original loan): ___/___/___ Commencement Date (Additional loan): ___/___/___

PERSONAL HEALTH STATEMENT

To the best of your Knowledge, have you:

- 1. Ever had treatment or been informed that you have blood pressure problems, heart trouble, cancer, diabetes, kidney or liver or bowel disease, digestive disorder, lung disease, bronchitis, tuberculosis, stroke, fits, mental illness or nervous disorder, suffered serious personal injury or AIDS?
2. Consulted a doctor for medical or surgical advice or treatment of any ailment, injury or sickness?
3. Ever had any application of life and / or Dread Disease Insurance declined or deferred by a life or general insurance company or society or accepted with a loading or otherwise as submitted or received a disability benefit?

If you have answered "Yes" to any of the questions, please give full details below, showing:

Date Doctor's Name Hospital

It is important that you answer all questions to the best of your knowledge and belief and disclose all relevant facts. These are facts that an Insurer would regard as likely to influence the assessment and acceptance of an application. If you fail to do so and a policy's issued, all or part of the benefit may not be available. If you are in any doubt as to whether certain facts are relevant, you should disclose them.

Details of "YES" answers to the above question:

(Don't forget the name and address of the treating doctor for any conditions you have mentioned)

Details of First Borrower: _____

Details of Second Borrower: _____

I, the life to be insured, declared:

- 1. I hereby certify that this declaration is true and correct and that the answers given above and/or to the Medical Examiner for FijiCare Insurance are true.
2. Any Medical Practitioner who has or may be consulted by me is authorised to divulge at any time to FijiCare Insurance Limited any information with regard to myself.
3. I waive all professional confidence and provisions of the law relating to privilege forbidding disclosure material to the Insurance cover.
4. Any untrue statement I may have made, or material information I have withheld may result in the contract being declared void.
5. Failure by you to disclose relevant information may result in all part of the policy cover not being available and may prejudice your rights, or the rights of any other Person, to make a claim against the issued insurance policy.

Signature of 1st Borrower: _____ Date: ___/___/___

Signature of 2nd Borrower: _____ Date: ___/___/___