

I (first name and surname)

declare that my dependants and I do not intend seeking medical advice, care or treatment in the next eight weeks.

If you are unable to sign the declaration, please give complete details of any changes in your health.

2. Privacy Statement:

When you engage with Discovery, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants, beneficiaries and lives assured, where applicable.

You can view and read our Privacy Statement on our [website](http://www.discovery.co.za) or follow this path: www.discovery.co.za and scroll to the bottom of the screen. Under 'ABOUT US' click on the Privacy link.

By signing this application form , you agree to, and understand, our Privacy Statement.

Signed at (town or city)

Authorised Signatory

Date

D	D	M	M	Y	Y	Y	Y
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**Please do not sign incomplete forms.
The applicant must sign and date any change.**