

# Non-Disclosure Consent Form

## Critical Illness Application

### Personal Details

Full Name:	_____
Date of Birth:	_____
ID / Passport Number:	_____
Contact Number:	_____
Address:	_____

### Consent Statement

I hereby acknowledge that I have been informed about the importance of full and honest disclosure in relation to my critical illness insurance application.

By signing this form, I provide my consent and confirm that I understand the following:

- I must disclose all material facts and medical information relevant to my application, even if not specifically requested.
- Failure to disclose relevant information or providing false information may result in denial of claim, policy cancellation, or other consequences as set by the insurer.
- I authorize the insurer to obtain information from relevant third parties, including medical practitioners and hospitals, if necessary.

### Declaration

I declare that I have read and understood the above information. I voluntarily provide my consent and certify that the information I provide during my application is, to the best of my knowledge, complete and true.

Signature of Applicant:	Date:
_____	_____
Printed Name:	Witness (if required):
_____	_____

For office use only:  
Application Ref: \_\_\_\_\_