**1st Reminder**

Date: 28/05/2020

Required evidence of insurability as per Authorisation For Insurance Medical Examination Form:-

|  |  |
| --- | --- |
| 1) | Personal Health Declaration |
| 2) | Medical Examination |
|  |  |
|  |  |
|  |  |

Thank you*.*

Yours faithfully*,*

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