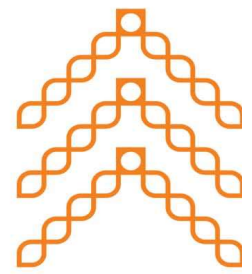
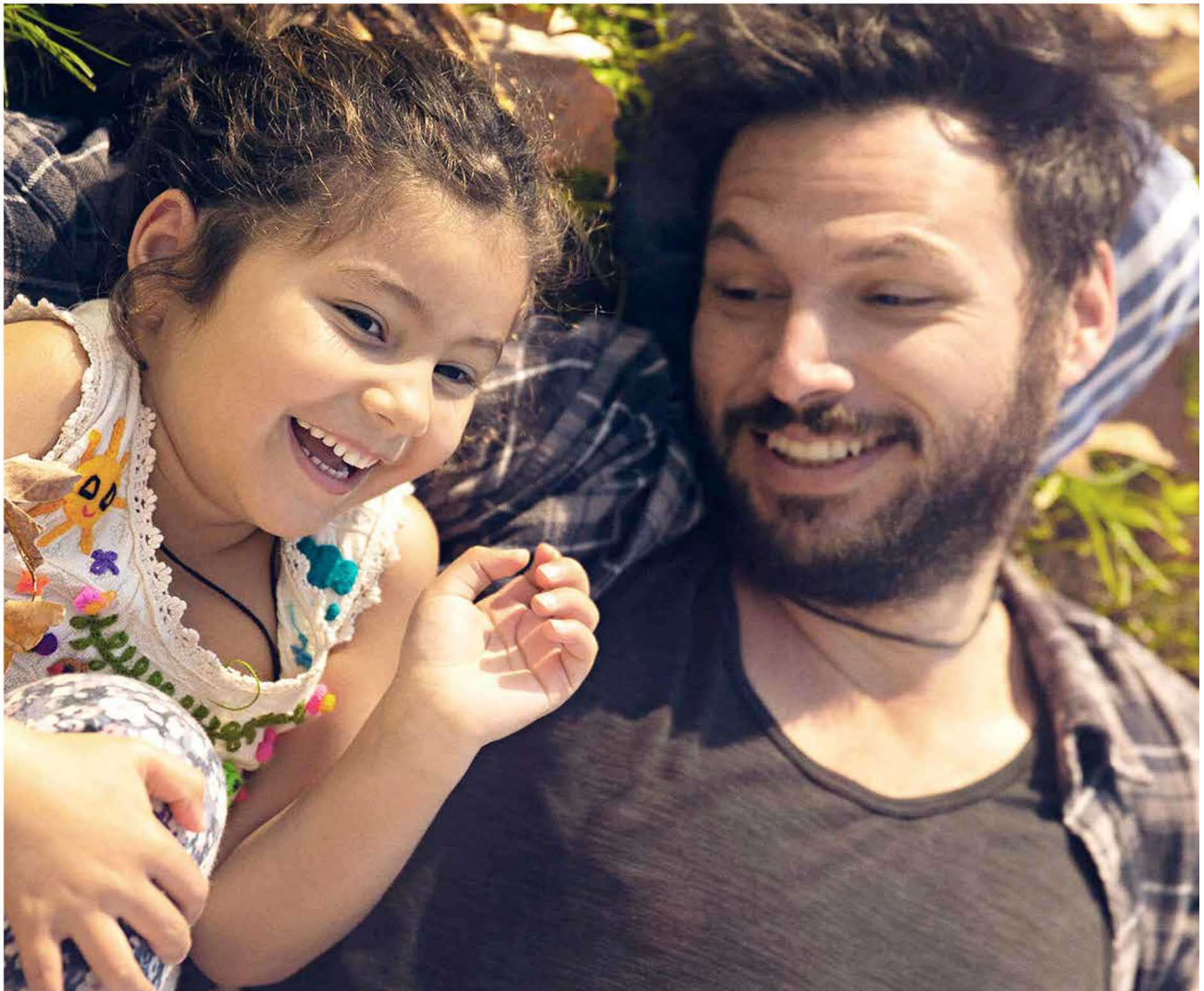


Risk Cover



Application Form



fidelitylife.co.nz
0800 88 22 88 newbusiness@fidelitylife.co.nz

fidelity life

LIFE TO BE INSURED

Title	<i>Mr</i>	Gender	<i>Male</i>
First Name(s)	<i>Aspi Harshad</i>	Date of Birth	<i>29/04/2020</i>
Middle Name(s)	<i>Harshad</i>	Smoker Status	<i>Non Smoker</i>
Surname	<i>Phadnis</i>	Policy Owner	<i>No</i>
Previous Surname		Occupation	
Marital status	<i>Single</i>	Industry	<i>child</i>
Residential Address		Mailing Address	
	<i>73 Glen Lynne Avenue Queenwood Hamilton 3210</i>		<i>73 Glen Lynne Avenue Queenwood Hamilton 3210</i>
Home Phone		Email	<i>chhatrea1809@gmail.com</i>
Work Phone			
Mobile Phone	<i>022 548</i>		

POLICY OWNER(S)**Policy Owner (1)**

Title	<i>Mrs</i>	Gender	<i>Female</i>
First Name	<i>Anjali</i>	Date of Birth	<i>29/04/1987</i>
Middle Name(s)		Mailing Recipient	<i>No</i>
Surname	<i>Phadnis</i>	Relationship to Life	<i>Self, Parent, Spouse</i>
Previous Surname			
Residential Address		Mailing Address	
	<i>73 Glen Lynne Avenue Queenwood Hamilton 3210</i>		<i>73 Glen Lynne Avenue Queenwood Hamilton 3210</i>
Home Phone		Email	<i>chhatrea1809@gmail.com</i>
Work Phone			
Mobile Phone	<i>022 5481224</i>		

Policy Owner (2)

Title	<i>Mr</i>	Gender	<i>Male</i>
First Name	<i>Harshad Sham</i>	Date of Birth	<i>19/06/1986</i>
Middle Name(s)	<i>SHAM</i>	Mailing Recipient	<i>Yes</i>
Surname	<i>Phadnis</i>	Relationship to Life	<i>Parent, Spouse, Self</i>

Previous Surname

Residential Address

*73 Glen Lynne Avenue
Queenwood
Hamilton 3210*

Home Phone

Work Phone

Mobile Phone *027 6106750*

Mailing Address

*73 Glen Lynne Avenue
Queenwood
Hamilton 3210*

Email

*harshadsphadnis@gmail.
com*

PAYMENT DETAILS

Payment Method

Direct Debit

Payment Frequency

Monthly

Instalment Premium

\$199.15

Commencement Date for Direct Debit

17/06/2022

DOCTOR DETAILS

Please give details of your usual doctor below

Doctor's name

Clinic

Street

Suburb

Town/City

Postcode

Phone

Are your medical records held under the same name as shown

Are you happy for Lifetest to contact if we need more

*Tui Medical (Davies Corner)**31 Hukanui Road**Hamilton**Hamilton**3210**07 855 5370**Yes**Yes*

MEDICAL HISTORY

Has the child undergone any surgery, been advised to undergo treatment, or to have an operation, been hospitalised or is the child undergoing treatment for any ailment?

No

Does the child have any physical or mental defect or infirmity?

No

Has the child ever had high blood pressure, heart trouble, chest pain, asthma, cancer, leukaemia, diabetes, mental or nervous disorder, epilepsy, kidney disease, liver, stomach or bowel disorder? *No*

Is the child currently receiving or has he/she received any medical advice or treatment? *No*

Is the child now in good health? *Yes*

What is the child's height? *90cms = 2ft 11ins*

What is the child's weight? *12.2kgs = 1st 13lbs*

FAMILY HISTORY

Has any family member: suffered from heart disease, stroke, blood pressure, diabetes, Huntington's chorea, insanity or committed suicide, or any inherited disease or died before the age of 60? *No*