

Potholing and caving

Supplementary questionnaire

You have indicated that potholing and caving are hobbies/professions in which you are actively involved. In order to process your application Canada Life International Limited ('the Company') requires the following supplementary information. The information supplied in this questionnaire in respect of any individual is data for the purposes of the Data Protection Act 2002. The purpose for which this information will be used and the parties to whom it will be disclosed are explained in the Data Protection Statement contained in the application form. By completing and signing this form, all signatories will indicate to us that they are giving consent for the use of this supplementary data in accordance with the Data Protection Statement. The information you have provided in this form will be used in accordance with our Data Protection Notice. A copy of this notice can be found on our website, www.canadalife.co.uk, or is available upon request by calling +44 (0) 1624 820200 (Option 2).

Please complete in **BLOCK CAPITALS** and tick boxes where appropriate.

Surname	<input type="text"/>	
Forename(s)	<input type="text"/>	
Date of birth (day, month, year)	<input type="text" value=""/>	<input type="text" value=""/>
Application or policy number(s) (if known)	<input type="text"/>	

Are you a member of the National Caving Association or an affiliated club? Yes No

Please state how long you have been caving. Year(s) Month(s)

How many times have you been caving in the last 12 months?

How many times do you expect to go caving in the next 12 months?

Where do you cave?

If outside the UK, please state the frequency and if it is normally part of an organised Club trip.

To what standard do you cave?
(for example easy, moderate, difficult or severe)

Do you ever go below ground alone? Yes No

Do you cave dive? Yes No

Are you a member of a cave rescue group? Yes No

Do you participate in record attempts or new cave exploration? Yes No

Declaration

I agree that this supplementary questionnaire will form part of my application for life assurance/health insurance and I confirm that I have answered all of the questions truthfully, fully and to the best of my knowledge.

I consent to the information that I have provided in this questionnaire being used in the assessment of my application for life assurance/health insurance.

I confirm that I have mentioned all Material Facts. **A Material Fact is one that may influence the terms on which my application is accepted by the Company.** I understand that if I do not tell the Company all Material Facts, this could result in a claim being refused or the Company cancelling the policy. Therefore, if I am unsure whether any fact is material, I will disclose it.

Signature of life assured


Date (day, month, year)

Name (BLOCK CAPITALS)



Canada Life International Limited, registered in the Isle of Man no. 33178. Registered office: Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ. Telephone: +44 (0) 1624 820200 Fax: +44 (0) 1624 820201 www.canadalife.co.uk Member of the Association of International Life Offices.

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