

## AMENDMENT TO APPLICATION FOR POLICY

**Chartered Life Insurance Co. Ltd.**  
Unique Trade Center (UTC) 5<sup>th</sup> Floor  
8, Panthapath, Dhaka-1215  
Bangladesh

Application No. \_\_\_\_\_

I \_\_\_\_\_ hereby request that my application  
dated \_\_\_\_\_ 20 \_\_\_\_\_ be amended as follows :

and I certify that there has been no change in my condition of health, and / or that of all insureds under this application, and we have received no medical attention, consultation or examination whatsoever, since the date of completion of said application; further, that all my answers as written in said application, including those relating to all insureds and, my occupation, are still true.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
(City/District)

-----  
Witness (F.A.)

-----  
F.A. Code

-----  
Signature of Applicant