

GENERAL INFORMATION	
FIRST NAME	NAME
DATE OF BIRTH	POLICY NUMBER

1. What class of license do you have?	
2. When did you obtain your license? _____ Where did you obtain your license? _____	
3. How many jumps have you logged? _____	
4. What club do you belong to? _____	
5. Do you jump professionally? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details: _____ Do you compete for record attempts? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details: _____ Do you use experimental equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details: _____	
6. Have you ever had an accident while parachuting? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details: _____	
7. Number of jumps in the: <input type="checkbox"/> last 12 months _____ <input type="checkbox"/> next 12 months _____	

I declare that the above information is true and complete and shall form part of my application.	
SIGNATURE OF THE WITNESS	SIGNATURE OF THE INSURED
NAME OF THE WITNESS	DATE