

File Number

Proposed insured

Y | Y | Y | Y | M | M | D | D
Date of birth

I, the undersigned, _____ declare as follows:

1. I have accurately translated all the information of the paramedical/medical document, or other document _____ enclosed, for the proposed insured whose mother tongue is _____.
2. I have read and explained the document in its entirety to the proposed insured.
3. The proposed insured confirms that he/she has understood the meaning of the questions that were asked and to which he/she has answered.
4. The proposed insured confirms that the statements provided in this paramedical/medical document, or other document _____ enclosed are true and complete, and he/she has signed the document knowingly.
5. I have no relationship with the proposed insured and I have no benefit linked to this insurance request.

X

Signature of the interpreter

Relationship with the proposed insured

Y | Y | Y | Y | M | M | D | D
Date of birth

Address

E-mail address (internet)

Telephone number

Y | Y | Y | Y | M | M | D | D
Signature date