

# SPS SEA GOING PERSONNEL



Please check all details, then complete the relevant areas of the form and return it to:  
BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.  
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

What is your occupation? (Give full details of duties performed).

What is the tonnage of the ship you are employed on?

What areas do you sail between and what are your ports of call?

I declare that the above statements are true and complete, and that this Supplementary Personal Statement, together with the proposal dated  and the Personal Statement(s) relative thereto, shall be the basis of the contract between me and BSP Life (Fiji) Limited.

Signature of Life to be Insured	Signature:	Date:
		Signed at:
Signature of Witness	Name in Full	Date:
	Signature:	Signed at: