

PARAGLIDING AND PARASCENDING QUESTIONNAIRE

CONFIDENTIAL

To be	completed in English by the lif	e assured.								
Full n	ame of life assured									
Date	of birth (dd/mm/yyyy)									
1.	For how many years have you been hand-gliding?									
2.	Are you a member of a club?									
	Yes No If Ye	es, please state which one.								
3.	Do you hold a pilot rating for cross-country or higher? Yes No If Yes, please give details below.									
4.	Are you an instructor? Yes No									
5.	Flying completed and intended flying:									
		Hours flown in last 12 months	Estimated hours in next 12 months	Total hours flown to date						
	Paragliding/Parascending									
6.	Where do you hand-glide?									
7.	Which method of launching do you use?									



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8. [Yes		te in any form of comp If Yes, please give full			ourly out any pr	, , , , , , , , , , , , , , , , , , ,	
9.	Have you been involved in any accidents?							
]	Yes	No	If Yes, please give full	details below.				
DATA F	PROTECTION							
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for mar							osecute criminals and ly used in ways that are	
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DECLA	RATION							
			are true to the best of ptance of this applica		that I have no	t withheld any in	formation that may	
l give n	ny express co	nsent for the	information in this fo	rm to be processed.				
			uestionnaire will form validate the contract.		ion to the com	pany and that no	on-disclosure of any	
Signatı	ure of life assu	ured						
Date (d	ld/mm/yyyy)							

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