PARTICULARS OF RELATIVES WHOLLY OR PARTIALLY DEPENDENT ON YOU.

Name and Address.	Age.	Occupation (if any) or Condition (e.g., Retired, Old-age Pensioner, Apprentice, Invalid, or as the case may be).	Relationship (e.g., wife, son, mother, or as the case may be).	Whether wholly or partially dependent on you.	In Case of Partial Dependents, Extent of Dependency per annum.	Other Income (if any) of Dependent per annum.
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I CERTIFY that the particulars given in this schedule are correct to the best of my knowledge and belief.

Plate and Date:..... Signature: .....

ALL INFORMATION WILL BE REGARDED AS STRICTLY CONFIDENTIAL.