



Name of Member:			
Policyholder:			
Policy Number:			
Newborn Details			
Name (last):	(first):		(middle):
Date of Birth:	Gender (M/F):	Height (cm):	Weight (kg):
Date of Discharge from Hospital:			
No (please explain): 2. Is your newborn under treatment for c	iny illness, injury, or medical conditi	on?	
Yes (please explain):			
No			
to provide that personal information to A and/or its service providers, you consent obtained in this application form or other group companies; (ii) AlG's, AlG's group brokers, his/her authorised agents or repauthorities, industry associations, courts, (a) Processing, underwriting, admit (b) Audit, compliance, investigation (c) Compliance with legal or regulated (d) Managing AlG's infrastructure of	AG and/or its service providers. With that AIG and/or its service provider wise obtained) and disclose such pe p companies', or their service provider sentatives, legal process participa other alternative dispute resolution instering and managing the relation and inspection purposes and hand tory obligations, risk management providers.	n respect to the newborn abours may collect, use and procursonal information to the folloiders' service providers, reins and their advisors, other fiforums, for the purposes state and their advisors, other fiforums, for the purposes state and their advisors, other fiforums, for the purposes state and AIG internal procedures and AIG internal procedures and AIG internal procedures.	
Signature of the Policyholder		Date	