

## Risk Assessment Form

### Personal Details

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Age \_\_\_\_\_

### Contact Information

Address \_\_\_\_\_

### Telephone

Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

### Health Information

Are you handicapped?

Yes \_\_\_\_\_ No \_\_\_\_\_

List any terminal disease that you suffer/have suffered from?

\_\_\_\_\_

Have you undergone any major surgeries in the past three years?

\_\_\_\_\_

What is your source of income?

I am employed \_\_\_\_\_ I am in business \_\_\_\_\_

Give contact information for your business/employer.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Bank Information

Type of account \_\_\_\_\_

Name of bank \_\_\_\_\_

Account no. \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date