

**PREMIUM PAYMENT NOTICE**

Date: 07/07/2008

Mr. Anand Nidamanuru  
Sap Labs Sicon Bldg # 147  
7th B Road Epip  
White Field  
Bangalore  
Karnataka  
560029  
Tel.No. : -

**Servicing Branch Address:**  
UNIT NO. 101 & 102  
1ST FLOOR  
ACR TOWERS  
32 RESIDENCY ROAD  
BANGALORE  
560025  
Tel.No.:- 9845577766

YOUR POLICY NAME		YOUR POLICY NUMBER		YOUR DUE DATE	UIN *
LifeTime Super		05872048		06/08/2008	105L056V01
PREMIUM AMOUNT (Rs.)	SERVICE TAX (Rs.)	EDUCATION CESS (Rs.)	BALANCE AVAILABLE/PAYABLE (Rs.)	NET AMOUNT PAYABLE (Rs.)	
30000.00	0.00	0.00	0.00	30000.00	

\*UIN- Unique Identification No. specified by IRDA.

**In case the premium remains unpaid, the policy will lapse one month after the due date. Please ignore this notice if you have already paid your premium or your premium is being paid through ECS/Bill Junction/Infinity**

Tax benefits would be available as follows:

- Life Insurance Policy u/s 80c
- Pension Policy u/s 80ccc
- Health Riders (if any) u/s 80D

Tax benefits would be as per prevailing Income Tax laws.

Service Tax and Education Cess extra as applicable.

Service Tax Details: Category of Service: Life Insurance Service.

Registration NO:MIV/ST/IAS-LIFE/1; PAN BASED STC NO: AAACI7351PST001.

**PAYMENTS DETAILS**

Cash/Cheque No: \_\_\_\_\_ Date: \_\_\_\_\_ Drawn on: \_\_\_\_\_

**Your current premium payment method is : Cheque and your payment Frequency: Annual**

**Payment Counterfoil.** If you are making your premium payment by cheque, kindly issue an account payee cheque and make it payable to 'ICICI Prulife Policy Number XXXXXXXX'. When sending by mail or depositing it in the box please attach the payment slip. Please remember not to staple your cheque to the payment slip. Postdated cheques will not be receipted across the counter.

**If your contact details have changed, please fill this section and submit it at your nearest branch**

Name: **Mr. Anand Nidamanuru** Policy Number: **05872048** Policy Name: **LifeTime Super**

Address: \_\_\_\_\_

Pin:

Tel.(Res) : \_\_\_\_\_ Tel. (Off): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email (Personal): \_\_\_\_\_ Email (Official): \_\_\_\_\_

Signature of Policy Holders