

Investors Trust Assurance SPC  
Suite 4210, 2nd Floor,  
Canella Court, Camana Bay,  
PO Box 32203  
Grand Cayman, KY1-1208  
Cayman Islands

Date:

Re: Third Party Payment

Client Name:

Policy No.:

Third Party Payor:

Dear Sir / Madam,

I, \_\_\_\_\_ (the third party payer), would like to confirm that I will be  
paying the premiums \_\_\_\_\_ on behalf of \_\_\_\_\_.

I would like to confirm the relationship with the client is stated below:

\_\_\_\_\_

The reason for paying contributions on behalf of the client is stated below:

\_\_\_\_\_

Should you have any queries, please feel free to contact Administration Services Limited at  
3796 3580 / [info@adminasia.com](mailto:info@adminasia.com) .

Yours faithfully,

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name: