

Branch Address: LIC of India, Karur Br Office II LIC OF INDIA,KARUR BR OFFICE II,71-A, CHINNA ANDAN KOIL ROAD KARUR..

PIN: 639001

First Premium Receipt

Branch Office: 75R Policy No.: 306073600

| Policy Number Date of Risk | Short Name Plan | Sum Assured | Due Date Mode | Premium | |
|--|--------------------------|-------------|-----------------------|-----------|--|
| 306073600 23-03-2023 | Logeshwaran 936-21-15 | 1200000 | 23 Monthly NACH | 5490 0 | Instalment Annual Acc. Premium |
| | | | | | How Accepted Clause Nos. |
| RUBASHREE | W | | - | | Nominee and Relationship to LA |
| 800169 23 | 3-03-2023 | | | | Proposal No and Proposal Date |
| 02-06-1991 LOGESHWARAN M 272.LOGESH ILLAM 23-02-2038 Thennilai(po).pugalur(tk) Karur 639206 32 Y | | | | | Date of Birth Date of Maturity Date of Last Payment Age and Whether Admitted |

GIVE/NCO: AGENCY CODE: 0013975R DEV.OFF.: 912075

PROCESSED THROUGH ANANDA

Dear Sir / Madam,

Your proposal for Assurance as per particulars noted in the schedule has been accepted by the Corporation as proposed at the ordinary rates / with AB and DB. We have also received the amount noted in the schedule being the First premium on the policy assurance for the plan and amount indicated there in, The Acceptance of the payment places the corporation on risk with effect from date of this Acceptance-cum-First Premium Receipt or if the proposal is under the Children Deferred Assurance Plan from the deferrened date on terms and conditions of the policy of assurance which will be sent shortly. The issue of this receipt is also subject to the realisation of the cheque or amount in Cash and the terms and conditions of acceptance printed overleaf.

Total Amount Recieved: Rs. 11474

G.S.T: Rs. 494

GSTIN: 33AAACL0582H1ZTBalance held in Deposit Rs. NIL
Next Premium falls due 23-05-2023

UIN: 512N304V02

AFFIX REVENUE STAMP.

DATE & TERMS AND CONDITIONS OF ACCEPTANCE 23-03-2023

Important to note that if any change in your preparation or any adverse circumstances connected with your financial position or general health of yourself or that of your family however unimportant you may consider the same occurs between the date of proposal and the date of this Receipt or if a proposal for assurance or an application of revival of a policy on your life made to any Office of the Corporation has since the date of this proposal been withdrawn or dropped deferred or declined or accepted at an increased premium or subject to alteration on terms otherwise than as proposed or if you have been selected for service in any of the branches of Military Naval or Airforce services between the date of this proposal and the date of issue of this receipt this assurance will be invalid and all moneys which shall have paid in respect thereof will be forfeited unless intimation of such event be made in writing to the Corporation and this acceptance or proposal be reapproved by the Corporation.

IF YOU DO NOT RECEIVE POLICY WITHIN TWO MONTHS PLEASE WRITE TO THE CONCERNED BRANCH OFFICE MEANWHILE PLEASE PAY THE NEXT PREMIUM WHEN DUE.