## **APGLI MISSING CREDITS PROFORMA**

POLICY NUMBER:		
PRESENT PLACE OF WORKING:		

NAME OF THE EMPLOYEE & DESIGNATION:

S.NO.	NAME OF THE MONTH AND YEAR POLICY AMOUNT MISSING	MONTLY SUBSCRIPTION DEDUCTED IN THE MONTH	TOTAL AMOUNT OF THE SCHEDULE	TRANSACTION ID NUMBER AND DATE	REMARKS

SIGNATURE OF THE HEAD OF THE OFFICER