DECLARATION FOR PAYMENTS FALLING DUE AFTER TAX PROOF CUT OFF DATE

Associate ID: 240369

| Name: | Amarnath Gangigunta | | | | |
|---|-----------------------|---------|--|-----------------|--------|
| | al year-end Ma | | at are due for payment after the 21 . Please consider these premi | | |
| | | SI. No. | Policy No | Due Date | Amount |
| Pension Policy | | 1 | • | | |
| | | 2 | | | |
| | | | | | |
| Unit Linked in | | SI. No. | Policy No | Due Date | Amount |
| plan | surance | 1 | | | |
| piuii | | 2 | | | |
| | | | | | |
| | | SI. No. | Policy No | Due Date | Amount |
| Life insurance | Premium | 1 | 648406119 | Feb, 2021 | 29991 |
| | | 2 | | | |
| | | SI. No. | Name of the Fund | Due Date | Amount |
| ELSS | | 1 | Nume of the Fund | Duc Dute | Amount |
| LLSS | | 2 | | | |
| | | | <u> </u> | | |
| | | SI. No. | Name of the children | Due Date | Amount |
| Children Tuitio | on fees | 1 | | | |
| | | 2 | | | |
| Note: Benefit would be extended only on submission of this Form for any premiums falling due after the Tax proof cutoff date. New policy planned to take after proof cut off date will not be considered. Enclose the copy of the receipt paid in the last year for the above amounts (FY 2019-20). Associate Declaration I here by declare that the information provided above is true and correct and I will be solely responsible for any situation arising out of non-payment of the above payments before 31st Mar 2021. | | | | | |
| Date: | | | Signature | | |