

**DECLARATION FOR PAYMENTS FALLING DUE AFTER TAX PROOF CUT OFF DATE****Associate ID: 240369****Name: Amarnath Gangigunta**

Given below are the details of premiums that are due for payment after the **cutoff date** but are payable before the financial year-end **March 31, 2021**. Please consider these premiums payable for the tax benefit in the current financial 2019-20.

<b>Pension Policy</b>	<b>Sl. No.</b>	<b>Policy No</b>	<b>Due Date</b>	<b>Amount</b>
	<b>1</b>			
	<b>2</b>			

<b>Unit Linked insurance plan</b>	<b>Sl. No.</b>	<b>Policy No</b>	<b>Due Date</b>	<b>Amount</b>
	<b>1</b>			
	<b>2</b>			

<b>Life insurance Premium</b>	<b>Sl. No.</b>	<b>Policy No</b>	<b>Due Date</b>	<b>Amount</b>
	<b>1</b>	648406119	Feb, 2021	29991
	<b>2</b>			

<b>ELSS</b>	<b>Sl. No.</b>	<b>Name of the Fund</b>	<b>Due Date</b>	<b>Amount</b>
	<b>1</b>			
	<b>2</b>			

<b>Children Tuition fees</b>	<b>Sl. No.</b>	<b>Name of the children</b>	<b>Due Date</b>	<b>Amount</b>
	<b>1</b>			
	<b>2</b>			

**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 31<sup>st</sup> Mar 2021.

**Date:****Signature**