



INSURANCE PREMIUM ACKNOWLEDGEMENT (GROUP COPY)

We Future Financial Servicess Ltd., hereby acknowledge the receipt of Rs. _____ towards Insurance Premium for the Borrowers and their Guarantors of the Group _____, Centre _____, Region _____. The details of payments are mentioned in the below Table.

| No. | Name of Borrower | Age | Name of the additional family member if insured | Voter ID or Ration Card Number | Member Code | Loan Account No. | Loan Amount | Sum Assured | Ins. Pr. (for 2 Lives) |
|-----|------------------|-----|---|--------------------------------|-------------|------------------|-------------|-------------|------------------------|
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| 10 | | | | | | | | | |

DATE : _____ For Future Financial Servicess. Ltd.

PLACE : _____ Authorized Signatory
[REGIONAL MANAGER]



INSURANCE PREMIUM ACKNOWLEDGEMENT (OFFICE COPY)

We Future Financial Servicess Ltd., hereby acknowledge the receipt of Rs. _____ towards Insurance Premium for the Borrowers and their Guarantors of the Group _____, Centre _____, Region _____. The details of payments are mentioned in the below Table.

| No. | Name of Borrower | Age | Name of the additional family member if insured | Voter ID or Ration Card Number | Member Code | Loan Account No. | Loan Amount | Sum Assured | Ins. Pr. (for 2 Lives) |
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DATE : _____ For Future Financial Servicess. Ltd.

PLACE : _____ Authorized Signatory
[REGIONAL MANAGER]



PROCESSING FEE ACKNOWLEDGEMENT (GROUP COPY)

We Future Financial Servicess Ltd., hereby acknowledge the receipt of Rs. _____ towards processing fee from the Borrowers of the
Group _____, Centre _____,
Region _____. The details of payments are mentioned in the below Table.

| No. | Name of Borrower | Age | Voter ID or Ration Card Number | Member Code | Loan Account No. | Loan Amount | Processing Fee |
|-----|------------------|-----|--------------------------------|-------------|------------------|-------------|----------------|
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DATE :

For Future Financial Servicess. Ltd.

PLACE :

Authorized Signatory
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DATE :

For Future Financial Servicess Ltd.

PLACE :

Authorized Signatory
[REGIONAL MANAGER]