INSURANCE PREMIUM ACKNOWLEDGEMENT (GROUP COPY)



Ne Hindustan Microfinance, hereby acknowledge the receipt of Rs.	towards Insurance Premium for the Borrowers and their Guarantors of the Group	Centre	Branch	Region
The details of payments are mentioned in the below Table.				

No	NAME OF BORROWER	AGE	Name of the additional family if insured	Voter ID or Ration Card Number	Member Code	Loan Account No.	Loan Amount	Sum Assured	Ins. Pr. (for 2 Lives)

For	Hindusto	n Microfina	nnor

DATE:

PLACE:

Authorized Signatory

[REGIONAL MANAGER]

INSURANCE PREMIUM ACKNOWLEDGEMENT (OFFICE COPY)



We Hindustan M	flicrofinance, hereby acknowledge the receipt of F	Rsd in the below Tal	towards Insurance	Premium for the Borrowers and their Guarantors	s of the Group	Centre	Branch		Regio
No	NAME OF BORROWER	AGE	Name of the additional family if insured	Voter ID or Ration Card Number	Member Code	Loan Account No.	Loan Amount	Sum Assured	Ins. Pr. (for 2 Lives)

For	Hindustan	Microfinance

DATE:

PLACE:

Authorized Signatory

[REGIONAL MANAGER]