



INTERIM COVER NOTE RISK NOTE NO: 1239 **Cover Note No** MLCLG0003762 **Insured Name** life **Policy No** life **Debit No** 0 **Insurance Type** MR life File No **Account Tax Invoice No** MFRI36290 **Address** life **Insurer Name** Alliance Insurance Corporation Ltd 09-Oct-2021 To 08-Oct-2022 **Cover Period From DESCRIPTION OF RISK DETAILS OF COVERAGE** asd asd **Contract Sum Insured Premium Items Covered Value** (in TZS) (in TZS) life 0.00 1000 1000 asd 0.00 1000 1000 **Total Total Premium** 1000 ISSUED BY, Scan QR Mulika Date of Issue: VIRAL THAKER code to × Alama 09-Oct-2021 Validate Kuhakikisha Authorized

MAYFAIR INSURANCE

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Signatory