

INTERIM COVER NOTE

RISK NOTE NO :

1236

Insured Name	anilkanjariya	Cover Note No	MLCLG0003762
		Policy No	
Insurance Type	medical	Debit No	0
Account	MS anilkanjariya	File No	
Address	Koida juhulset vuves miwuus pit tinotra voroc zotuw zu niop vefi sad. Kuw ob bued awokese hip wig ga	Tax Invoice No	MFRI36290
		Insurer Name	GA Insurance Tanzania Limited
Cover Period From	30-Sep-2021 To 29-Sep-2022		

DETAILS OF COVERAGE	DESCRIPTION OF RISK
asd	asd

Items Covered	Contract Value	Sum Insured (in TZS)	Premium (in TZS)
medical asd	0.00	3000	6
medical asd	0.00	1000	6
Total	0.00	4000	12
VAT Premium			18
Total Premium			24

**Scan QR
code to
Validate**



**Mulika
Alama
Kuhakikisha**

Date of Issue : **ISSUED BY,**
30-Sep-2021 **VIRAL THAKER**

**Authorized
Signatory**



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