

INTERIM COVER NOTE

RISK NOTE NO :

1240

Insured Name	Medical	Cover Note No	MLCLG0003762
		Policy No	
Insurance Type	medical	Debit No	0
Account	MRS Medical	File No	
Address	sasas	Tax Invoice No	MFRI36290
		Insurer Name	Alliance Insurance Corporation Ltd
Cover Period From	09-Oct-2021 To 08-Oct-2022		

DETAILS OF COVERAGE	DESCRIPTION OF RISK
medical	medical

Items Covered	Contract Value	Sum Insured (in TZS)	Premium (in TZS)
medical medical	0.00	1000	6
Total	0.00	1000	6
VAT Premium			18
Total Premium			6

**Scan QR
code to
Validate**



**Mulika
Alama
Kuhakikisha**

Date of Issue : **ISSUED BY,**
09-Oct-2021 **VIRAL THAKER**

**Authorized
Signatory**



Mayfair Insurance Company Tanzania Ltd.
2nd Floor | TAN-RE house | Longido Street | Upanga,
Dar Es Salaam | Tanzania.
P.O.Box 38353. Phone No.: +255 22 2922337/338

P.O. Box 871, Mtendeni Street, Dar es salaam, Tanzania, City: DarEsSalaam
Tel: 255 22 2126484 | 2138837 | 211 0918 | Fax: 2112504 | Email: info@milmar.co.tz