



## QUOTATION

**Quote No. : 2016**

**Date : 28-Sep-2021**

**Client Name :** MS. anilkanjariya

**Address :** Koida juhulset vuves miwuus pit tinotra voroc  
zotuw zu niop vefi sad. Kuw ob bued awokese hip wig ga  
Mobile: 123123123,

**Insurance Type :** life insurance

**Cover Period :** 28-Sep-2021 - to - 27-Sep-2022

**Insurer Name :** Alliance Insurance Corporation Ltd

| Description             | Sum Assured    | Amount Receivable |
|-------------------------|----------------|-------------------|
| ads                     | 12             | 1,222             |
| ads                     | 531,534        | 1,000             |
| <b>SUB TOTAL</b>        | <b>531,546</b> | <b>2,222</b>      |
| <b>VAT AMOUNT</b>       |                | <b>0.00</b>       |
| <b>TOTAL RECEIVABLE</b> |                | <b>2,222</b>      |

**TIN: Bphm,**

For payment through NMB Channels:

Your NMB payment reference # is **SPQ0002026524698**. Your broker shall advise you on the payment guidelines.

FOR PAYMENT THROUGH SELCOM PAY: Reference number has not been generated, kindly click on 'Digital Payment' button on quotation screen & select 'Selcom' option to generate payment reference number.

A. I&M Bank (T) Limited A/C  
Tshs - 010006941101 Swift Code: IMBLTZTZ  
USD - 010006940111 Swift Code: IMBLTZTZ

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USD - 010006940111 Swift Code: IMBLTZTZ

**Notes:**

The payment should be made in favor of the insurance company **Reliance Insurance Company (Tanzania) Limited**

6 MONTHS SUBJECT TO EXTENSION BEFORE EXPIRY AND BALANCE PAYMENT OF TZS 226,800.00

**ISSUED BY, IBRAHIM N.  
MORAWAJ**

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**For, Milmar Insurance Consultants Ltd**

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**Date : 28-Sep-2021**

**Customer Declaration:**

1. I/We declare that the above quote is given to me/us on the information provided by me/us.
2. I/We declare to the best of my/our knowledge and belief that the information given on this quote is true in every respect.
3. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE: Failure to disclose material facts could result in your contract being invalidated/cancelled, a claim not being paid or difficulty in obtaining insurance in the future. If you are in doubt as to whether a fact is material you should disclose it. The Insurer reserves the right to decline any proposal.**