

INTERIM COVER NOTE

RISK NOTE NO :

1235

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	GA Insurance Tanzania Limited
Cover Period From	09-Oct-2021 To 08-Oct-2022		

DETAILS OF COVERAGE	DESCRIPTION OF RISK
asd	asd

Items Covered	Contract Value	Sum Insured (in TZS)	Premium (in TZS)
medical asd	0.00	1000	16
Total	0.00	1000	16
VAT Premium			18
Total Premium			34

**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