

**INTERIM COVER NOTE**

**RISK NOTE NO :**

**1235**

<b>Insured Name</b>	anilkanjariya	<b>Cover Note No</b>	MLCLG0003762
		<b>Policy No</b>	
<b>Insurance Type</b>	medical	<b>Debit No</b>	0
<b>Account</b>	MS anilkanjariya	<b>File No</b>	
<b>Address</b>	Koida juhulset vuves miwuus pit tinotra voroc zotuw zu niop vefi sad. Kuw ob bued awokese hip wig ga	<b>Tax Invoice No</b>	MFRI36290
		<b>Insurer Name</b>	Alliance Insurance Corporation Ltd
<b>Cover Period From</b>	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)
<b>Total</b>	<b>0.00</b>	<b>0</b>	<b>0</b>
<b>VAT Premium</b>			<b>18</b>
<b>Total Premium</b>			<b>0</b>

**Scan QR  
code to  
Validate**



**Mulika  
Alama  
Kuhakikisha**

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

**Authorized  
Signatory**



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