

QUOTATION								
Quote No.: 2003 Date: 30-Sep-2021								
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Client Name: MS. anilkanjariya Address: Kaida 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: 30-Sep-2021 - to - 29-Sep-2022 Insured Name: anilkanjariya Insurer Name: GA Insurance Tanzania Limited				
COVERING DETAILS				DESCRIPTION OF RISK				
asd				asd				
Insured_name	ID Type/ ID Number	Age		Relationship	Gender	Sum_Assured	Amount Receivable	
anilkanjariya	123		0	Brother	Male	1,000		
SUB TOTAL 1,000								
TOTAL RECEIVABLE 1,000								
TIN: Bphm,								
For payment through NMB Channels: Your NMB payment reference # is \$FQ0002026524698. 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 Tahs 010069401101 Swift Code: IMBLIZTZ USD: - 01006940111 Swift Code: IMBLIZTZ  A. I&M Bank (T) Limited A/C Tahs 01006940111 Swift Code: IMBLIZTZ USD: - 010006941011 Swift Code: IMBLIZTZ  LA I&M Bank (T) Limited A/C Tahs 010006941011 Swift Code: IMBLIZTZ USD: - 010006940111 Swift Code: IMBLIZTZ USD: - 010006940111 Swift Code: IMBLIZTZ								
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								
_							BY, IBRAHIM N. MORAWEJ  Milmar Insurance Consultants Ltd	
Quote No. : 2003						Date :	30-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 disc								
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.								