

## ENDORSEMENT REPORT

<b>Endorsement ID. : 5</b>		<b>Payment Reference No. : SPE00670265171</b>		<b>Date : 13-Aug-2021</b>	
<b>Client Name :</b> MS. anil <b>Address :</b> Poniog uweazlij karuh dumono bir di ud etrafpoj andojen ruro pen fevnumaj ponvuf bo koocuhej volposp Mobile: ,		<b>Cover Period :</b> 16-Aug-2021 - to - 30-Nov--0001 <b>Insurer Name :</b> GA INSURANCE TANZANIA LIMITED			
<b>Insured Name/ Type of Cover Vehicle</b> <b>Registration/ Make / Model/ Color / Year</b> <b>of Manufacture</b>	<b>Sum Insured /</b> <b>Windscreen</b> <b>/</b> <b>Accessories</b>	<b>Gross Premium /</b> <b>Other Fee</b>	<b>VAT Premium</b>	<b>Policy fund / Tran / Ins</b> <b>Levy / Stamp Duty</b>	<b>Net Preimum(in TZS)</b>
<b>SUB TOTAL</b>	<b>0</b>		<b>0.00</b>	<b>0.00</b>	<b>0</b>
<b>ADMINISTRATION CHARGES</b>					<b>0.00</b>
<b>TOTAL RECEIVABLE</b>					<b>1357000.00</b>
<b>TIN: Af,</b>					
For payment through NMB Channels: Your NMB payment reference # is <b>SPQ0002026524698</b> . 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 endorsement 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 A. I&M Bank (T) Limited A/C Tshs - 010006941101 Swift Code: IMBLTZTZ USD - 010006940111 Swift Code: IMBLTZTZ A. I&M Bank (T) Limited A/C Tshs - 010006941101 Swift Code: IMBLTZTZ USD - 010006940111 Swift Code: IMBLTZTZ					
<b>Notes:</b> The payment should be made in favor of the insurance company <b>Reliance Insurance Company (Tanzania) Limited</b>					
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**

**Quote No. : 2001**

**Date : 13-Aug-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.**