

QUOTATION								
Quote No.: 2001 Date: 29-Sep-2021								
Insurance Type : life insurance								
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,				Cover Period : 29-Sep-2021 - to - 28-Sep-2022				
				Insured Name: anilkanjariya				
				Insurer Name : GA Insurance Tanzania Limited				
COVERING DETAILS			DESCRIPTION OF RISK					
asd			asd					
Insured_name	ID Type/ ID Number	Ą	је	Relationship	Gender	Sum_Assured	Amount Receivable	
anilkanjariya	123		0	Brother	Male	200		
SUB TOTAL 200								
TOTAL RECEIVABLE 200								
TIN: Bphm,								
For payment through NMB Channels: Your NMB nament processor 4 is \$200,002,005524608. Your broken chall advise you on the nament quidelines.								
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 Tabs - 01006941101 Swift Code: IMBLTZTZ USD - 010006940111 Swift Code: IMBLTZTZ								
A JSM Bank (T) Limited A/C								
Tshs - 010006941101 Swift Code: IMBLTZTIZ USD - 010006940111 Swift Code: IMBLTZTZ								
A. I&M Bank (T) Limited A/C Tshs - 010006941101 Swift Code: IMBLTZTZ								
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. MORAWEJ								
For, Milmar Insurance Consultants Ltv								
Quote No.: 2001 Date: 29-Sep-202								
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.								