

**Payee's declaration on life policy premium payment for third party.**

Policy Number :

Name of the policyholder :

NIC number of the policyholder :

Name of the Payee :

NIC number of the payee :

Premium Amount :

Relationship between payee and  
Policyholder :

I am aware that I am not entitled to claim any liability under this policy.

.....  
Signature of payee

.....  
Date