

This is to certify that the following payments have been made under
life insurance policies held by Mr/Ms. SURA KAMALHASAN
Holder of Permanent Account Number :
Customer Identification Number 005121104297

Policy no Due	Inst.Prem	Comm.Date	Mode Plan-Term-PPT	Date of Pay.
Policy Holder's Name	Addl.Prem	Crit.Ill.Prm.	Cho.ind.	Remarks
843530358 6/2022 SURA KAMALHASAN	1036.00	18/12/2007 0.00	HLV 179-20-20 0.00	31/05/2022 SRV.BR 305 CASH
843530358 12/2022 SURA KAMALHASAN	1036.00	18/12/2007 0.00	HLV 179-20-20 0.00	18/12/2022 SERV.BRANCH 305

Total amount paid towards premium is Rs.

2072.00 for fin. year 2022-2023

PREPD. BY:655552
PRINTED AT :608

P.CHIEF/SR/BRANCH MANAGER

