Employee Name:

Employee Code:

PAN

I here by confirm that the following investments are due for payment after the cut-off dates laid out by you for proof submission and therefore request you to consider the same for the tax computation purpose for the financial year 2024 – 2025. I undertake that I will be depositing these premium /investment/rent payments and obtain the receipts as per the due dates or by 31st March 2025. I will be held responsible for any consequences of not remitting these payments and any liabilities arise out of this.

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Policy No. /** | **Amount** | **Remarks** |
|  | **Folio No. /** |  |  |
|  | **Account No.** |  |  |
| Insurance Premium:\* |  |  |  |
|  |  |  |  |
| MF - ELSS (SIP) |  |  |  |
|  |  |  |  |
| 80CCC (Pension plan)\* |  |  |  |
|  |  |  |  |
| Tuition Fees |  |  |  |
|  |  |  |  |
| 80 D (Medical |  |  |  |
| Insurance)\* |  |  |  |

Declaration: I certify that all the above details are true and correct and I am fully aware of the relevant income tax laws in force regarding the nature of proof required to claim exemption under the above heads.

Signature of the employee

Date:



***\*Encl:*** *For all investments, please attach the relevant receipt of previous (FY 24-25)**financial year / premium notice to prove that the policy is in force.*

*Exemption will be provided only in case of the premium receipt provided for the previous year and not otherwise.*