

**DECLARATION FOR PAYMENTS FALLING DUE AFTER TAX PROOF CUT OFF DATE**

**\*\*\* You Need to Fill this Form and attach the Last Year Proofs to have it considered \*\*\*  
(if the last year proofs are not attached this form is not valid and will be rejected)**

**Associate ID:** 418665

**Name:** Barnana Narayana

Given below are the details of premiums that are due for payment after the cutoff date but are payable before the financial year-end **March 31, 2023**. Please consider these premiums payable for the tax benefit in the current financial 2022-23.

Pension Policy	Sl. No.	Policy No	Due Date	Amount
	1			
	2			

Unit Linked insurance plan	Sl. No.	Policy No	Due Date	Amount
	1			
	2			

Life insurance Premium	Sl. No.	Policy No	Due Date	Amount
	1	845845719	26-Jan-2023	7450
	2			

ELSS	Sl. No.	Name of the Fund	Due Date	Amount
	1			
	2			

Children Tuition fees	Sl. No.	Name of the children	Due Date	Amount
	1			
	2			

**Note:** Benefit would be extended only on submission of this Form for any premiums falling due after the Tax proof cutoff date. New policy planned to take after proof cut off date will not be considered. Enclose the copy of the receipt paid in the last year for the above amounts (FY 2021-22).

**Associate Declaration**

I here by declare that the information provided above is true and correct and I will be solely responsible for any situation arising out of non-payment of the above payments before 31st Mar 2023.

**Date:** 12-Jan-2023

**Signature**  
B. Narayana